

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90122 031 ****70.00

DOCUMENT # N36563

1. Entity Name

BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATION, INC

2000

Principal Place of Business

Mailing Address

113 NW BENTLEY CIR
 PORT ST. LUCIE FL 34986
 US

113 NW ENTLEY CIR
 PORT ST. LUCIE FL 34986
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0172399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE
401 EAST OSCEOLA ST.
STUART FL 34995

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **BENOIT, EDMUND**
 STREET ADDRESS **148 NW BENTLEY CIRCLE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE Change Addition
 NAME **SECRETARY - DIRECTOR** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BLEKAS, GEORGE**
 STREET ADDRESS **248 NW BENTLEY CIRCLE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **HARRISON, WILLIAM**
 CITY-ST-ZIP **346 N.W. Bentley Cir.**
PORT ST. LUCIE, FL. 34986

TITLE **SD** Delete
 NAME **KELLY, MARION**
 STREET ADDRESS **324 NW BENTLEY CR**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **NOVELLI, DOROTHY**
 STREET ADDRESS **1568 NW AMHERST DR**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MEDLEDEFF, GEORGE**
 STREET ADDRESS **116 NW BENTLEY DR**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00
 Date

879-9991
 Daytime Phone #

CR2E037 (9/99)