

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90310 016 ****70.00

DOCUMENT # N36563

1. Entity Name
BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business 113 NW BENTLEY CIR PORT ST. LUCIE FL 34986 US	Mailing Address 113 NW ENTLEY CIR PORT ST. LUCIE FL 34986 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0172399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORNETT, JANE
401 EAST OSCEOLA ST.
STUART FL 34995

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENOIT, EDMUND 148 NW BENTLEY CIRCLE PORT ST LUCIE FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLEKAS, GEORGE 248 NW BENTLEY CIRCLE PORT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, WILLIAM 346 NW BENTLEY CIR. PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOVELLI, DOROTHY 1568 NW AMHERST DR PORT ST. LUCIE FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDLEDEFF, GEORGE 116 NW BENTLEY DR PORT ST. LUCIE FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, WILLIAM 346 N.W. Bentley Cir. Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Blekas 248 N.W. Bentley Cir. Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNA Freeman 100 N.W. Bentley Cir Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANK Dicresce 257 N.W. Bentley Cir Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY Simpson 81 N.W. Bentley Cir Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William Harrison **REQUIRED** Date: 2/27/01 Daytime Phone #: 5613401236

CR2E037 (10/00)