


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90038 025 ****61.25

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 BENTLEY CIR
 PORT ST. LUCIE, FL 34986 US

54013576



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
113 NW Bentley Cir
 Suite, Apt. #, etc.

01242004 Chg-NP CR2E037 (10/03)

City & State
Port St. Lucie, FL

Zip
34986 Country
US

4. FEI Number
65-0172399

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIETMANN, DONNA 100 NW BENTLEY CIRCLE PORT ST LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRYDEN, NANCY 188 NW BENTLEY CIRCLE PORT ST LUCIE, FL 34986 <input checked="" 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	S LEIN, POWELL A 213 NW BENTLEY CIR. PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREUND, JEROME 284 NW BENTLEY CIRCLE PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Donna Dietmann 100 NW Bentley Circle Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michael McNamee 1564 Amherst Drive Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Don Wickstrand 169 NW Bentley Circle Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Don R. Wickstrand **2/19/04** **772 878-5998**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #