

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 01, 2005  
Secretary of State**

DOCUMENT# N36563

**Entity Name:** BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

113 NW BENTLEY CIR  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

113 NW BENTLEY CIR  
PORT ST. LUCIE, FL 34986 US

**New Mailing Address:**

FEI Number: 65-0172399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORNETT, JANE  
401 EAST OSCEOLA ST.  
STUART, FL 34995 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DIETEMANN, DONNA  
Address: 100 NW BENTLEY CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TD ( ) Delete  
Name: KENEL, EILEEN  
Address: 133 NW BENTLEY CIRCLE  
City-St-Zip: ST LUCIE WEST, FL 34986

Title: SD ( ) Delete  
Name: COURTNEY, JIM  
Address: 113 NW BENTLEY CIRCLE  
City-St-Zip: ST LUCIE WEST, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA DIETEMANN

TD

07/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date