


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90383 032 ****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**

90001000



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

3. Mailing Address
 Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State

Zip Country

4. FEI Number
65-0172399

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CORNETT, JANE
 401 EAST OSCEOLA ST.
 STUART, FL 34995**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	TD	<input type="checkbox"/> Delete
NAME	DIETEMANN, DONNA	
STREET ADDRESS	100 NW BENTLEY CIRCLE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KESEL, EILEEN	
STREET ADDRESS	133 NW BENTLEY CIRCLE	
CITY-ST-ZIP	ST LUCIE WEST, FL 34986	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COURTNEY, JIM	
STREET ADDRESS	113 NW BENTLEY CIRCLE	
CITY-ST-ZIP	ST LUCIE WEST, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eileen Hennessey Kesel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

Daytime Phone #