


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90059 043 \*\*\*\*62.50

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

04082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0172399**

Applied For  
 Not Applicable

City & State

Zip Country

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

**6. Name and Address of Current Registered Agent**

**HARVEY, MARY R  
 % BECKER & POLIAKOFF, P.A.  
 1850 FOUNTAINVIEW BLVD., SUITE 103  
 PORT ST. LUCIE, FL 34986**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008**

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	TD DIETEMANN, DONNA 100 NW BENTLEY CIRCLE PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, OLGA 113 NW BENTLEY CIRCLE ST LUCIE WEST, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COURTNEY, JIM 113 NW BENTLEY CIRCLE ST LUCIE WEST, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FRANK IMPRESLIA</b> <b>165 NW BENTLEY CIRCLE</b> <b>PORT ST LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JAMES COURTNEY</b> <b>113 NW BENTLEY CIRCLE</b> <b>PORT ST LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY-DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROBERT DISTEFANO</b> <b>116 NW BENTLEY CIRCLE</b> <b>PORT ST LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1ST VICE PRESIDENT-DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WILLIAM McLELLAN</b> <b>145 NW BENTLEY CIRCLE</b> <b>PORT ST LUCIE, FL 34986</b>
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 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:** *Olga Rogers* **4-11-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #