

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36563

FILED
Apr 28, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

DIREKTOR, KENNETH S ESQ.
% BECKER & POLIAKOFF, P.A.
1850 FOUNTAINVIEW BLVD., SUITE 103
PORT ST. LUCIE, FL 34986 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: ROGERS, OLGA
Address: 113 NW BENTLEY CIRCLE
City-St-Zip: ST LUCIE WEST, FL 34986

Title: 2VP () Delete
Name: COURTNEY, JAMES
Address: 113 NW BENTLEY CIRCLE
City-St-Zip: ST LUCIE WEST, FL 34986

Title: PD () Delete
Name: FRANK, IMPRESCIA
Address: 165 NW BENTLEY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD () Delete
Name: DISTERANO, ROBERT
Address: 116 NW BENTLEY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP () Delete
Name: MCCLELLAND, WILLIAM
Address: 145 NW BENTLEY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, OLGA
Address: 113 NW BENTLEY CIRCLE
City-St-Zip: ST LUCIE WEST, FL 34986

Title: 2VP (X) Change () Addition
Name: BANVILLE, RICHARD
Address: 113 NW BENTLEY CIRCLE
City-St-Zip: ST LUCIE WEST, FL 34986

Title: SD (X) Change () Addition
Name: BLAISDELL, ROBERT
Address: 113 NW BENTLEY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change () Addition
Name: DISTEFANO, ROBERT
Address: 116 NW BENTLEY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OLGA ROGERS

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date