

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00415

**Entity Name:** BEDFORD J CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC5505088155**

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573 US

**FEI Number: 59-2155870**

**Certificate of Status Desired: No**

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVE  
TAMPA, FL 33602 US

*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: BUSH ROSS, PA**

**03/30/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DONCOUSE, RONALD  
Address 1922 NANTUCKET DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name FARRAR, BRUCELEE  
Address 1801 BEDFORD TERRACE  
236  
City-State-Zip: SUN CITY CENTER FL 33573

Title PRESIDENT  
Name WILLARD, BARRY  
Address 1801 BEDFORD TERRACE  
APT 235  
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY  
Name LOUMIET, ROSEMARY  
Address 1801 BEDFORD TERRACE  
219  
City-State-Zip: SUN CITY CENTER FL 33573

Title VP  
Name HOSTELLEY, RONALD  
Address 1801 BEDFORD TERRACE  
APT 229  
City-State-Zip: SUN CITY CENTER FL 33573

*I hereby 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 all other like empowered.*

**SIGNATURE: BARRY WILLARD**

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date