## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

Entity Name: BEDFORD PARK AT TRADITION HOMEOWNERS ASSOCIATION,

INC.

FILED
Apr 08, 2019
Secretary of State
5577170449CC

## **Current Principal Place of Business:**

11011 SW JOSEPH LANE PORT ST. LUCIE, FL 34987

## **Current Mailing Address:**

C/O SIGNATURE PROPERTY MANAGEMENT 459 NW PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34983 US

FEI Number: 57-1172949 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROSS EARLE & BONAN, PA 789 S FEDERAL HWY STE 101 STUART, FL 34994 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name PIATCHEK, JOSEPH Name ANDERSON, LINDA

Address 459 NW PRIMA VISTA BLVD. Address 459 NW PRIMA VISTA BLVD.

City-State-Zip: PORT SAINT LUCIE FL 34983 City-State-Zip: PORT SAINT LUCIE FL 34983

Title VP Title TREASURER

Name GONZALEZ, EMILO Name DUFOUR, RICHARD

Address 459 NW PRIMA VISTA BLVD. Address 459 NW PRIMA VISTA BLVD.

City-State-Zip: PORT ST LUCIE FL 34983 City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR
Name DERRY, JAMES

Address 459 NW PRIMA VISTA BLVD

City-State-Zip: PORT ST LUCIE FL 34983

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: JOSEPH PIATCHEK

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/08/2019