

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005139

**FILED**  
**Mar 27, 2018**  
**Secretary of State**  
**CC5908233125**

**Entity Name:** BEDFORD PARK AT TRADITION HOMEOWNERS ASSOCIATION, INC.

**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  
Name            PIATCHEK, JOSEPH  
Address        459 NW PRIMA VISTA BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title            SECRETARY  
Name            ANDERSON, LINDA  
Address        459 NW PRIMA VISTA BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title            VP  
Name            GONZALEZ, EMILO  
Address        459 NW PRIMA VISTA BLVD.  
City-State-Zip: PORT ST LUCIE FL 34983

Title            DIRECTOR  
Name            THOMASON, JACKIE  
Address        459 NW PRIMA VISTA BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34983

Title            TREASURER  
Name            DUFOUR, RICHARD  
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**

**PRESIDENT**

**03/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date