## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

**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:** 

543 NW LAKE WHITNEY PLACE STE 101 PORT ST. LUCIE, FL 34986

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

FILED Apr 09, 2017

**Secretary of State** 

CC2857557275

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name PIATCHEK, JOSEPH Name ANDERSON, LINDA

Address 543 NW LAKE WHITNEY PLACE STE Address 543 NW LAKE WHITNEY PLACE STE

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP Title DIRECTOR

Name GONZALEZ, EMILO Name THOMASON, JACKIE

Address 543 NW LAKE WHITNEY PLACE STE Address 543 NW LAKE WHITNEY PLACE STE

City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER

Name DUFOUR, RICHARD

Address 543 NW LAKE WHITNEY PLACE STE

101

City-State-Zip: PORT ST. LUCIE FL 34986

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.

Electronic Signature of Signing Officer/Director Detail