

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

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

FILED
Mar 23, 2014
Secretary of State
CC3593224145

Current Principal Place of Business:

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

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

Officer/Director Detail :

Title P
Name LYNCH, JOHN
Address 543 NW LAKE WHITNEY PLACE STE 101
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP
Name PIATCHEK, JOSEPH
Address 543 NW LAKE WHITNEY PLACE STE 101
City-State-Zip: PORT SAINT LUCIE FL 34986

Title S
Name BATES, MONA
Address 543 NW LAKE WHITNEY PLACE STE 101
City-State-Zip: PORT SAINT LUCIE FL 34986

Title T
Name GONZALEZ, EMILO
Address 543 NW LAKE WHITNEY PLACE STE 101
City-State-Zip: PORT ST LUCIE FL 34986

Title 2ND VP
Name THOMPSON, CHARLIE
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.

SIGNATURE: MONA BATES

SECRETARY

03/23/2014

Electronic Signature of Signing Officer/Director Detail

Date