2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

Entity Name: BEDFORD PARK AT TRADITION HOMEOWNERS

ASSOCIATION, INC.

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

Current Principal Place of Business:

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:

Officer/Director Detail:

Title Title VΡ

Electronic Signature of Registered Agent

Name LYNCH, JOHN Name PIATCHEK, JOSEPH

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 S Title Т

BATES, MONA GONZALEZ, EMILO Name Name

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

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

Title 2ND VP

Name THOMPSON, CHARLIE

543 NW LAKE WHITNEY PLACE STE Address

PORT ST LUCIE FL 34986 City-State-Zip:

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.

03/23/2014 SIGNATURE: MONA BATES **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 23, 2014

Secretary of State

CC3593224145

Date