

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36563

**Entity Name:** BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC2836848248**

**Current Principal Place of Business:**

113 NW BENTLEY CIR  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986 US

**FEI Number: 65-0172399**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PINNACLE ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986 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: GAIL LOGAN**

**04/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WINDELL, MARSHA  
Address 430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title 1ST VP  
Name KLIFF, MICHAEL  
Address 430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title 2ND VP  
Name HERTZER, SANDRA  
Address 430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title S  
Name EMERY, DIANA  
Address 430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title T  
Name VAN CAMP, FRANK  
Address 430 NW LAKE WHITNEY PLACE  
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: MARSHA WINDELL**

**PRESIDENT**

**04/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date