

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36563

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC7790773841**

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

**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:**

MARY R. HARVEY, ESQUIRE, P.A.  
850 NW FEDERAL HWY  
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 ROGER, OLGA  
Address 430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

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

Title 2VP  
Name FERA, RICHARD C  
Address 430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

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

Title T  
Name BUTWELL, KENNETH F  
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: OLGA ROGERS**

**PRESIDENT**

**03/14/2013**

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

\_\_\_\_\_  
Date