

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754827

FILED
Apr 28, 2007
Secretary of State

Entity Name: BEDFORD MEWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

A & G MANAGEMENT SVCS.
11360 FORTUNE CR. #E-6A
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

A & G MANAGEMENT SVCS.
11924 FOREST HILL BLVD., STE 22-221
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2040963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A & MANAGEMENT SERVICES
11924 FOREST HILL BLVD. #22-221
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAWLER, DALE
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: DVP () Delete
Name: DUNN, KIMBERLY
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: DS () Delete
Name: KUCICH, NEDA
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: DT () Delete
Name: GRETEL, MARY
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: BALL, MORRIS
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: STILLWELL, MAUREEN
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: STILLWELL, MAUREEN
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: DS (X) Change () Addition
Name: BALL, MORRIS
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE LAWLER

DP

04/28/2007

Electronic Signature of Signing Officer or Director

Date