2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2008 8:00 am
Secretary of State
04-29-2008 90081 049 ****61.25

DOCUMENT # N00412

1. Entity Name
BEDFORD C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573

bbU11JJJ

2. Principal Place of Business - No P.O. Box #
Sterling Management
1904 Clubhouse Drive
Sun City Center, FL 33573

3. Mailing Address
Apt. #, etc.
State
Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2155201
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEFURIO, JAMES R ESQ
101 E. KENNEDY BLVD. SUITE 3000
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROWE, ROBERTA 202 BEDFORD ST, #54 SUN CITY CENTER, FL 33573	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Noreen Elliott 202 Bedford St. C-66 Sun City Center Fl. 33573	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ELLIOTT, NOREEN 202 BEDFORD ST C-66 SUN CITY CENTER, FL 33573	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Helen Mayr 202 Bedford st. C-64 Sun City Center Fl. 33573	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, SHIRLEY 202 BEDFORD ST C-67 SUN CITY CENTER, FL 33573	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roberta Rowe PO Box 5154 Sun City Fl. Fl 33573	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BATTELBAUM, CHARLES 202 BEDFORD ST C-57 SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Bermolm 202 Bedford St. C-58 Sun City Center Fl. 33573	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYR, HELEN 202 BEDFORD ST C-64 SUN CITY CENTER, FL 33573	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Noreen M. Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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