

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00413** (7)
1. Corporation Name
BEDFORD G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1983	3a. Date of Last Report 04/25/1994
4. FEI Number 59-2139388	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, ROBERT E.
%PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DR.
SUN CITY CENTER FL 33573**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	% Florida Lifestyle Management
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of agent or printed name of registered agent and the corporation

Signature of Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	S/D ☒ Change ☐ Addition
NAME	ROBENO, JACK	12 NAME	
STREET ADDRESS	1811 BEDFORD LN #168	13 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CENTER FL	14 CITY, ST, ZIP	
TITLE	TD	21 TITLE	V/D ☒ Change ☐ Addition
NAME	GROFF, MILDRED	22 NAME	Hains, Harold
STREET ADDRESS	1811 BEDFORD LN #165	23 STREET ADDRESS	1811 Bedford Ln #147
CITY, ST, ZIP	SUN CITY CENTER FL	24 CITY, ST, ZIP	Sun City Center FL
TITLE	DS	31 TITLE	T/D ☒ Change ☐ Addition
NAME	DUNSON, EDNA	32 NAME	Campbell, Ned
STREET ADDRESS	1811 BEDFORD LAN #146	33 STREET ADDRESS	1811 Bedford Ln #165
CITY, ST, ZIP	SUN CITY CENTER FL	34 CITY, ST, ZIP	Sun City Center FL
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	COREY, C. DANA	42 NAME	
STREET ADDRESS	1811 BEDFORD LN #160	43 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CENTER FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WEBB, JAMES	52 NAME	
STREET ADDRESS	1811 BEDFORD LN #157	53 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CENTER FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Dana Corey 4/2/95 634-6254
C. Dana Corey
DATE