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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33573-5912



3. Date Incorporated or Qualified
12/16/1983

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, ROBERT E.
C/O FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DR.
SUN CITY CENTER FL 33573

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME ROBENO, JACK
STREET ADDRESS 1811 BEDFORD LN #168
CITY-ST-ZIP SUN CITY CENTER FL

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME HAINS, HAROLD
STREET ADDRESS 1811 BEDFORD LN #147
CITY-ST-ZIP SUN CITY CENTER FL

2.1 TITLE VD
2.2 NAME WEBB, JAMES
2.3 STREET ADDRESS 1811 BEDFORD LANE, G157
2.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD
NAME CAMPBELL, NED
STREET ADDRESS 1811 BEDFORD LN #165
CITY-ST-ZIP SUN CITY CENTER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME BEA, MARVIN
STREET ADDRESS 1811 BEDFORD LN #G-154
CITY-ST-ZIP SUN CITY CENTER FL 33573

4.1 TITLE
4.2 NAME BEAN, MARVIN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WEBB, JAMES
STREET ADDRESS 1811 BEDFORD LN #157
CITY-ST-ZIP SUN CITY CENTER FL

5.1 TITLE SD
5.2 NAME HOFFMAN, JEAN
5.3 STREET ADDRESS 1811 BEDFORD LANE, G145
5.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MARVIN BEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)