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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00413**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 12/16/1983

4. FEI Number: 59-2139388 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	ROBENO, JACK		1.2 NAME	MAURICE WHITED	
STREET ADDRESS	1811 BEDFORD LN #168		1.3 STREET ADDRESS	1811 BEDFORD LN #146	
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, JAMES		2.2 NAME		
STREET ADDRESS	1811 BEDFORD LANE, G157		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	CAMPBELL, NED		3.2 NAME	ANNE REBATA	
STREET ADDRESS	1811 BEDFORD LN #165		3.3 STREET ADDRESS	1811 BEDFORD LN G162	
CITY-ST-ZIP	SUN CITY CENTER FL		3.4 CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEAN, MARVIN		4. 2 NAME		
STREET ADDRESS	1811 BEDFORD LN #G-154		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, JEAN		5.2 NAME		
STREET ADDRESS	1811 BEDFORD LANE, G145		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-1-99 — (813) 634-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #