2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90009 017 ****61.25

DOCUMENT # N00413

1. Entity Name

BEDFORD G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STERLING MANAGEMENT. INC. 723 IMAR DRIVE SUN CITY CENTER FL 33573	STERLING MANAGEMENT. INC. 723 IMAR DRIVE SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAY, BRIAN L 723 IMAR DRIVE SUN CITY CENTER FL 33573	Name 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.

SIGNATURE _____ 3-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WHITED, MAURICE 1811 BEDFORD LN #146 SUN CITY CENTER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROTELLA, GEORGE 1811 BEDFORD LN G148 SUN CITY CENTER, FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEBB, JAMES 1811 BEDFORD LANE, G157 SUN CITY CENTER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITED, MAURICE 625 MASTERPIECE DR. SUN CITY CENTER, FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREEN, HELEN 1811 BEDFORD LANE, G158 SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDREWS, RAY 1811 BEDFORD LN G151 SUN CITY CENTER, FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELK, FRED 1811 BEDFORD LANE, G150 SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, HELEN 1811 BEDFORD LN G158 SUN CITY CENTER, FL 33573	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOFFMAN, JEAN 1811 BEDFORD LANE, G145 SUN CITY CENTER FL	☐ 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

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED 3/27/01 813 634 9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #