

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90468 010 ****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

4. FEI Number

59-2139388

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **BECKER & POLIAKOFF, P.A.**

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

2401 WEST BAY DRIVE, SUITE 414

City **LARGO**

FL

Zip Code **33770**

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.

Ellen Hirsch de Haan

SIGNATURE

EELLEN HIRSCH de HAAN, J.D. FOR THE FIRM

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	D GREEN, HELEN 1811 BEDFORD LANE G 151 SUN CITY CENTER FL 33573 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, RAY 1811 BEDFORD LANE G 151 SUN CITY CENTER FL 33573 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITED, MAURICE 625 MASTERPIECE DRIVE SUN CITY CENTER FL 33573 ☒ Delete
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	VD ROTELLA, GEORGE 1811 BEDFORD LANE G 148 SUN CITY CENTER FL 33573 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Whited, Maurice 625 Masterpiece Dr. Sun City Center, FL 33573 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Webb, Jim 1811 Bedford Ln. G-157 Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rotella, George 1811 Bedford Ln. G-148 Sun City Center, FL 33573 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: *Ellen Hirsch de Haan*

04/05/02

Date

634-1844

Daytime Phone #

CR2E037 (9/01)