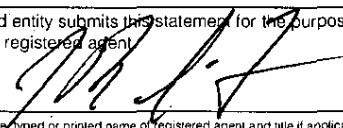
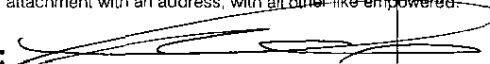


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90359 022 ****61.25

DOCUMENT # N00413 1. Entity Name BEDFORD G CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business STERLING MANAGEMENT, INC. 723 IMAR DRIVE SUN CITY CENTER, FL 33573		Mailing Address STERLING MANAGEMENT, INC. 723 IMAR DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business			
Suite, Apt. #, etc. *****New Address***** 1701-B Rickenbacker Drive Sun City Center, FL 33573		03292004 Chg-NP CR2E037 (10/03)	
City & State Sun City Center, FL 33573		4. FEI Number 59-2139388	
Zip 33573		Country United States	
6. Name and Address of Current Registered Agent DE FURIO, JAMES R 101 E KENNEDY BLVD STE 1030 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address James R. Defurio, Esquire 101 E. Kennedy Blvd. Suite 3000 City Tampa, FL 33602	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.		DATE 4-27-04 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME WEBB, JINS STREET ADDRESS 1811 BEDFORD LN. G-148 CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Delete	TITLE PD NAME Andrews, Ray STREET ADDRESS 1811 Bedford Ln. G-151 CITY-ST-ZIP Sun City Center, FL 33573	☐ Change ☒ Addition
TITLE TD NAME ANDREWS, RAY STREET ADDRESS 1811 BEDFORD LANE G 151 CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Delete	TITLE TD NAME Paes, William STREET ADDRESS 1419 Shadow Run Blvd. CITY-ST-ZIP Riverview, FL 33569	☐ Change ☒ Addition
TITLE VPD NAME WHITED, MAURICE STREET ADDRESS 625 MASTERPIECE DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	☐ Delete		☐ Change ☐ Addition
TITLE SD NAME HOFFMAN, JEAN STREET ADDRESS 1811 BEDFORD LANE, G145 CITY-ST-ZIP SUN CITY CENTER, FL	☐ Delete		☐ Change ☐ Addition
TITLE D NAME ROTELLA, GEORGE STREET ADDRESS 1811 BEDFORD LANE G 148 CITY-ST-ZIP SUN CITY CENTER, FL 33573	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Apr. 28, 2004 Daytime Phone #	