## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2005 8:00 am Secretary of State DOCUMENT # N00413 1. Entity Name 05-04-2005 90149 010 \*\*\*\*61.25 BEDFORD G CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business STERLING MANAGEMENT, INC. STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2139388 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Law Offices of James R. De Furio, P.A. DE FURIO, JAMES R 201 East Kennedy Boulevard 101 E KENNEDY BLVD STE 3000 **Suite 1460 TAMPA FL 33602** Tampa, Florida 33602 8. The above named entity submits this statement or 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** ure, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, Addition PD TITLE ☐ Change TITLE ☐ Delete Webb, Annie 1811 Bedford Ln. G-157 ANDREWS, RAY NAME NAME 1811 BEDFORD LN G-151 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP <u>Sun City Center, FL 33573</u> TD TITLE ☐ Delete TITLE Change ☐ Addition PAES, WILLIAM ... NAME NAME 11919 SHADOW RUN BLVD. STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP VPD Change ☐ Addition HEE Delete WHITED, MAURICE NAME STREET ADDRESS 625 MASTERPIECE DRIVE STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HOFFMAN, JEAN NAME 1811 BEDFORD LANE, G145 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ROTELLA, GEORGE NAME NAME 1811 BEDFORD LANE G 148 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP THILE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE

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