## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N00413**

1. Entity Name
BEDFORD G CONDOMINIUM ASSOCIATION, INC.



**FILED** Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90046 022 \*\*\*\*61.25

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   D2022007   Crg-NP   CR2E037 (12/06)	TREMING MANAGEMENT, INC.  TOTO-B RICKERBACKE ROWE UNION CONTROLLER, FL 33573  SING ADL #, etc.  Sulfa, Apl. #, etc																
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   D2022007   Crg-NP   CR2E037 (12/06)	Sulfo, Apt. #, etc.	STERLING MANAGEMENT, INC. STEI 1701-B RICKENBACKER DRIVE 170				ERLING MANAGEMENT, INC. 01-b rickenbacker drive				<b>{  6 </b>     <b>6 </b>	II <b>ff</b> il					B 81 (89)	
Cay & State  Cay &	Cry & State    Cry & State    Cry & State    Cry & State    A. FEI Number   Sp. 2139388   A. Replied for   Not Applicable   N	2. Principal Place of Business - No P.O. Box # 3. Mai				illing Address											
Zip Country Zip Country Sip Sectional Foot Registered Agent Signature Signature of States Desired States Desire	Second   S	Suite, Apt. #, etc. Si				ite, Apt. #, etc.				02022007	(	Chg-NP	CR2	E037 (12/0	6)		
S. Certificate of Status Despried   Fee Required	S. Name and Address of Current Registrated Agent  AW OFFICES OF JAMES R DE FURIO, P.A. Of E KENNEDY BLVD STE 1460  The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  GRATURE  Filling Fee is \$41.25  Due by May 1, 2007  FILING FOR \$50.000   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   DEPORD UN CITY CENTER, FL 33573  ILL SD   Delete   TITLE   Delete   TITLE   DEPORD UN CITY CENTER, FL 33573  ILL SD   Delete   TITLE   Delete   TITLE   DEPORD UN CITY CENTER, FL 33573  ILL SD   Delete   TITLE   Delete   TITLE   DEPORD UN CITY CENTER, FL 33573  ILL SD   Delete   TITLE   Delete   TITLE   DEPORD UN CITY CENTER, FL 33573  ILL SD   Delete   TITLE   DEPORD UN G-161   STREET ADDRESS   STR	City & State				City & State				4. FEI Numb 59-213	er 393	388					
Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Adodt to Fees  City S-1-2P  City S-1-	AW OFFICES OF JAMES R DE FURIO, P.A. 01 E KENNEDY BLVD STE 1460  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City	Zip	Country			,	ntry						ional				
LAW OFFICES OF JAMES R DE FURIO, P.A.  201 EX KENNEDY BLVD STE 1460  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 acc the obligations of registered agent ag	AMPA, FL 33602    City   FL   Zip Code		6. Name a	ind Address of Current F	Registere	ed Agent				7. Name and	d Ad	ddress of Nev	Registere	ed Agent			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.    Signature   Signature	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.    Communication	201 E KEN	INEDY BLV					ress (P	O. Box Numb	oer is	is Not Accepta	ble)			-		
SIGNATURE    SIGNATURE	IGNATURE   Signature, typect or primed reme of registered agent and title if applicable. (NOTE: Registered Agent stagestum required and remeasuring)   DATE	City												L Zip (	Code		
Filing Fee is \$61.25   Superior agent and the f agent and the	Filling Fee is \$61.25 bus by May 1, 2007	the obligat															
Due by May 1, 2007	Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 1, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 2, 2007   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 2, 2007   Delete   Trust Fund Contribution.   Added to Fees   Flortda Department of State   Diversity May 2, 2007   Delete   Trust Fund Contribution   Trust Fund Contribution   Delete		Signature, typed or	printed name of registered agent a	nd title if app	icable. (NOTE	: Registered	Agent signature n	required v	when reinstating)			DAT	E			
TITLE NAME PAES, WILLIAM WILLIAM PAES, WILLIAM PAES, WILLIAM PAES, WILLIAM PAES, WILLIAM WILLIAM PAES, WILLIAM PAES, WILLIAM PAES, WILLIAM PAES, WILLIAM WILLIAM PAES, WIL	PD	Due by May 1, 2007														te	
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NAME STREET ADDRESS CITY-ST-ZIP VPD QUINTALINO, VINCENT 1811 BEDFORD LN G-161 RIVERVIEW, FL 33569  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TD ROTELLA, GEORGE STREET ADDRESS CITY-ST-ZIP  TITLE SD WEBB, ANNIE TSREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD WEBB, ANNIE TSREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD WEBB, ANNIE TSREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS SUN CITY CENTER, FL 33573  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS SUN CITY CENTER, FL 33573  TITLE NAME STREET ADDRESS SUN CITY CENTER, FL 33573  TITLE NAME STREET ADDRESS SUN CITY CENTER, FL 33573  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SUN CITY CENTER, FL 33573  TITLE NAME STREET ADDRESS STRE	MRET ADDRESS TY-ST-ZIP  PAES, WILLIAM 11919 SHADOW RUN BLVD SIRET ADDRESS SUN CITY CENTER, FL 33573  CITY-ST-ZIP  TULE MEE ADDRESS TY-ST-ZIP  TO ROTELLA, GEORGE RET ADDRESS SUN CITY CENTER, FL 33573  CITY-ST-ZIP  TO ROTELLA, GEORGE RET ADDRESS TY-ST-ZIP  TO WE BEARNIES, BILL THE D BARNES, BILL THE MAME THE ADDRESS TY-ST-ZIP  TO D Belete THUE MAME THE ADDRESS TREST ADDRESS TY-ST-ZIP  THE D BARNES, BILL THE D BARNES, BILL THE D BARNES, BILL THE MAME THE ADDRESS TY-ST-ZIP  THE BARNES, BILL THE MAME THE ADDRESS TY-ST-ZIP  THE BARNES, BILL THE MAME THE ADDRESS TY-ST-ZIP  THE MAME STRET ADDRESS THE TADDRESS THE		PD			[ ] Doleto		1									
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	TY-ST-ZIP CITY-ST-ZIP		]														
CITY-ST-7IP																	
12. Thereby certify that the information sumplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	a Treservice menure appropriation supposed with this plant ages not culture for the exemptions continued in Charles Statutes Statutes. United statutes coaties that the information			information arms light with	thin filing				lained	in Chanter 110							

I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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: