

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90046 022 ****61.25

DOCUMENT # N00413 1. Entity Name BEDFORD G CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2139388	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO, P.A. 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAES, WILLIAM 11919 SHADOW RUN BLVD SUN CITY CENTER, FL 33573			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINTALINO, VINCENT 1811 BEDFORD LN G-161 RIVERVIEW, FL 33569			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTELLA, GEORGE 1811 BEDFORD LN G-148 SUN CITY CENTER, FL 33573			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBB, ANNIE 1811 BEDFORD LANE, G-157 SUN CITY CENTER, FL 33573			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, BILL 2114 WORTHINGTON GREENS DR SUN CITY CENTER, FL 33573			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Change ☐ Addition	
12. I hereby 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: <u>George Rotella Pres.</u> 4-5-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 642-8990					