FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00416 (0)

1. Corporate Name
BEDFORD E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2155861 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENE, ROBERT E. % PROFESSIONAL COMMUNITY SERVICES CORP. 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): % Florida Lifestyle Management 83 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature required for printed name of registered agent and new registered agent) (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	DAYMONT, ARCHIE N.	12 NAME	Gray, Yvonne	
STREET ADDRESS	202 BEDFORD TRAIL #116	13 STREET ADDRESS	202 Bedford Trail #97	
CITY ST ZIP	SUN CITY CNTR. FL	14 CITY ST ZIP	Sun City Center FL	
TITLE	VD	21 TITLE	D	☒ Change ☐ Addition
NAME	UBER, PAUL	22 NAME		
STREET ADDRESS	202 BEDFORD TRAIL #102	23 STREET ADDRESS		
CITY ST ZIP	SUN CITY CNTR. FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	PIPER, NYALL	32 NAME		
STREET ADDRESS	202 BEDFORD TRAIL #118	33 STREET ADDRESS		
CITY ST ZIP	SUN CITY CNTR. FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SHARP, ALICE	42 NAME		
STREET ADDRESS	202 BEDFORD TRAIL #113	43 STREET ADDRESS		
CITY ST ZIP	SUN CITY CENTER FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	T/D	☒ Change ☐ Addition
NAME	O'CONNER, ELIZABETH	52 NAME		
STREET ADDRESS	202 BEDFORD TRAIL #114	53 STREET ADDRESS	202 Bedford Trail #112	
CITY ST ZIP	SUN CITY CENTER FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Nyall Piper 3-24-1995 634-2657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013005