

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00416

1. Entity Name

BEDFORD E CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90019 015 ****61.25

Principal Place of Business

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-5912

2. Principal Place of Business
Sterling Management, Inc.
723 Imar Drive
Suite, Apt. #, etc.
Sun City Center, FL 33573

3. Mailing Address
Sterling Management, Inc.
723 Imar Drive
Suite, Apt. #, etc.
Sun City Center, FL 33573

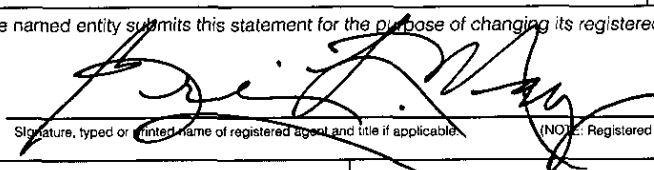


DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2155861	Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
GREENE, ROBERT E. FLORIDA LIFESTYLE MANAGEMENT 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573		Brian L. May/Sterling Management 723 Imar Drive Sun City Center, Fl 33573	
		Zip Code	

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.

SIGNATURE  DATE 5-5-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

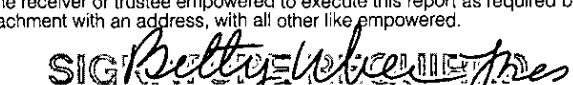
FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CILENTO, ROSALIE 202 BEDFORD TRAIL E104 SUN CITY CNTR. FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, ANN 202 BEDFORD TRAIL #102 SUN CITY CNTR. FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARP, ALICE 202 BEDFORD TRAIL #113 SUN CITY CENTER FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREMERMAN, GEORGE 202 BEDFORD TRAIL, E114 SUN CITY CENTER FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UBER, BETTY 202 BEDFORD TRAIL #102 SUN CITY CTR FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  DATE May 31, 2000 DAYTIME PHONE # 634-5806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)