

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90080 001 \*\*\*\*61.25

<b>DOCUMENT # N00416</b> 1. Entity Name BEDFORD E 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 # Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		3. Mailing Address Apt. #, etc. State Country	
		4. FEI Number 59-2155861	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent LAW OFF. J. R. DE FURIO, PA 201 EAST 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 FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENTWORTH, JOSEPHINE 202 BEDFORD TR E116 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ubur, Betty 202 Bedford Trail #102 Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAY, RUTH 202 BEDFORD TRAIL E-107 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Leverett, Elmer 202 BEDFORD TRAIL Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UBER, BETTY 202 BEDFORD TRAIL #102 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRELL, WILLIAM 202 BEDFORD TRAIL, E-100 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JAY 202 BEDFORD TRAIL, E-101 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.			
<b>SIGNATURE:</b> <u>Josephine L. Wentworth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	