

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2007 90046 021 ****61.25

DOCUMENT # N00427 1. Entity Name BEDFORD H 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 Zip		City & State Zip		4. FEI Number 59-2155867	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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.			DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$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	VD GERDES, ROBERT 201 BEDFORD TR F-139 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUNTER, CAROL 1802 BEDFORD TERRACE H-175 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLISON, MARGAERT 1802 BEDFORD TERR H-188 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLISON, MARGARET 1802 BEDFORD TERRACE H-188 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUBRIS, STANLEY 1802 BEDFORD TERR H172 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAWNE, KENNETH 1802 BEDFORD TERR H-184 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JEANNETTE 1802 BEDFORD TERR H-173 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:			PRES		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/25/07 (813) Daytime Phone #: 642-8990		