

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N00429** (3)

1. Corporation Name

**BEDFORD B 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

**04/25/1994**

4. FEI Number

**59-2155854**

Applied For

Not Applicable

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 § 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 State, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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 607.0507 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

Signature of Registered Agent (if registered agent and his/her agent)

Signature of Registered Agent (if not registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>RUPP, ELDR</b>
STREET ADDRESS	<b>1801 BEDFORD LANE #44</b>
CITY, ST, ZIP	<b>SUN CITY CNTR, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>HARRIS, ELVA</b>
STREET ADDRESS	<b>1801 BEDFORD LANE #31</b>
CITY, ST, ZIP	<b>SUN CITY CNTR, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>GUTTMAN, SOL</b>
STREET ADDRESS	<b>1801 BEDFORD LANE #41</b>
CITY, ST, ZIP	<b>SUN CITY CNTR, FL</b>
TITLE	<b>PD</b>
NAME	<b>FINLAY, DOUGLAS</b>
STREET ADDRESS	<b>1801 BEDFORD LANE #43</b>
CITY, ST, ZIP	<b>SUN CITY CNTR, FL</b>
TITLE	<b>VD</b>
NAME	<b>LUTHER, C. WARREN</b>
STREET ADDRESS	<b>1801 BEDFORD LANE #42</b>
CITY, ST, ZIP	<b>SUN CITY CENTER FL</b>
TITLE	<b>D</b>
NAME	<b>NORTH, CLARABELLE</b>
STREET ADDRESS	<b>1801 BEDFORD LANE, #35</b>
CITY, ST, ZIP	<b>SUN CITY CENTER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 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 110.07(3)(b), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas J. Finlay* **DOUGLAS J FINLAY** 12 MAR 95 604 5689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SIGNATURE #

N00429

1995 Corporation Annual Report - Bedford B Condominium Association, Inc., 59-2155854

Title:	D	Addition
Name:	Schneider, Elizabeth	
Street Address:	863 Manchester Woods Drive	
City-State:	Sun City Center FL	