

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N00429 (3)
 1. Corporation Name
BEDFORD B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	Mailing Address 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-5912
--	--

3. Date Incorporated or Qualified 12/16/1983	3a. Date of Last Report 04/30/1996
--	--

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

4. FEI Number 59-2155854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GREENE, ROBERT E.
 FLORIDA LIFESTYLE MANAGEMENT
 1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: Douglas J. Finlay **DOUGLAS J. FINLAY** Date: **27 MARCH 1997** Daytime Phone # **634 5689**

CR2E037 (9/96)