

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33573-4351
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3. Date Incorporated or Qualified 12/16/1983	
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent GREENE, ROBERT E. FLORIDA LIFESTYLE MANAGEMENT 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUPP, ELDOR		1.2 NAME	
STREET ADDRESS 1801 BEDFORD LANE #44		1.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CNTR, FL 00000		1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARRIS, ELVA		2.2 NAME	
STREET ADDRESS 1801 BEDFORD LANE #31		2.3 STREET ADDRESS HOFACKER, MURIEL	
CITY-ST-ZIP SUN CITY CNTR, FL 00000		2.4 CITY-ST-ZIP 1801 BEDFORD LANE # 32 SUN CITY CENTER FL	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTTMAN, SOL		3.2 NAME	
STREET ADDRESS 1801 BEDFORD LANE #41		3.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CNTR. FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINLAY, DOUGLAS		4.2 NAME	
STREET ADDRESS 1801 BEDFORD LANE #43		4.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CNTR. FL		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUTHER, C. WARREN		5.2 NAME	
STREET ADDRESS 1801 BEDFORD LANE #42		5.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORTH, CLARABELLE		6.2 NAME	
STREET ADDRESS 1801 BEDFORD LANE, #35		6.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		6.4 CITY-ST-ZIP	

14. 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 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 24 FEB 98 634-5689

CR2E037 (10/97)

BEDFORD B CONDOMINIUM

**ATD
BRICKSON, RICHARD
1801 BEDFORD LANE #36
SUN CITY CENTER, FL**