

FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90064 020 ****61.25

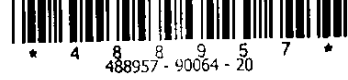
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00429

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/16/1983
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2155854
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

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. City	
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

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	HOFACKER, MURIEL	
STREET ADDRESS	1801 BEDFORD LANE 32	
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	2ND VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARENCE REED	
1.3 STREET ADDRESS	1801 BEDFORD LANE #48	
1.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
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 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, with all other like empowered.

SIGNATURE: Douglas Finlay SIGNATURE REQUIRED Douglas J. Finlay Date 19 Mar 99 Daytime Phone # 813-3609

CR2E037 (11/98)