

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00429

1. Entity Name

BEDFORD B CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90003 041 ****61.25

Principal Place of Business

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-5912

2. Principal Office
Sterling Management, Inc.
 723 Imar Drive
 Sun City Center, FL 33573

3. Mailing Office
Sterling Management, Inc.
 723 Imar Drive
 Sun City Center, FL 33573



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------|---------|--------------|---------|---|--|
| City & State | | City & State | | 4. FEI Number 59-2155854 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

Brian L. May/Sterling Management
 723 Imar Drive
 Sun City Center, Fl 33573

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.

SIGNATURE: DATE: **5-5-2000**

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE D NAME RUPP, ELDOR STREET ADDRESS 1801 BEDFORD LANE #44 CITY-ST-ZIP SUN CITY CNTR, FL 00000 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME HOFACKER, MURIEL STREET ADDRESS 1801 BEDFORD LANE 32 CITY-ST-ZIP SUN CITY CNTR, FL 00000 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD NAME GUTTMAN, SOL STREET ADDRESS 1801 BEDFORD LANE #41 CITY-ST-ZIP SUN CITY CNTR. FL | <input checked="" type="checkbox"/> Delete | TITLE Vice President NAME Clarence Reid STREET ADDRESS 1801 Bedford Lane, B48 CITY-ST-ZIP Sun City Center, FL 33573 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE PD NAME FINLAY, DOUGLAS STREET ADDRESS 1801 BEDFORD LANE #43 CITY-ST-ZIP SUN CITY CNTR. FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME LUTHER, C. WARREN STREET ADDRESS 1801 BEDFORD LANE #42 CITY-ST-ZIP SUN CITY CENTER FL | <input type="checkbox"/> Delete | TITLE Secretary NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME NORTH, CLARABELLE STREET ADDRESS 1801 BEDFORD LANE, #35 CITY-ST-ZIP SUN CITY CENTER FL | <input checked="" type="checkbox"/> Delete | TITLE Director NAME Ingeborg "Penny" Pennington STREET ADDRESS 1801 Bedford Lane, B47 CITY-ST-ZIP Sun City Center, FL 33573 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 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: DATE: **6/7/00** DAYTIME PHONE #: **633-1231**

CR2E037 (9/99)