

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/24

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90009 003 \*\*\*\*61.25

**DOCUMENT # N00429**

1. Entity Name

**BEDFORD B CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4024 FRUITVILLE ROAD  
 723 IMAR DRIVE  
 SUN CITY CENTER FL 33573-4351

4024 FRUITVILLE ROAD  
 723 IMAR DRIVE  
 SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

3. Mailing Address

**STERLING MANAGEMENT**

**STERLING MANAGEMENT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**723 IMAR DR**

**723 IMAR DR**

City & State

City & State

**SUN CITY CENTER, FL**

**SUN CITY CENTER, FL**

Zip

Country

Zip

Country

**33573**

**33573**

4. FEI Number

**59-2155854**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY, BRIAN L**  
**4024 FRUITVILLE ROAD**  
**723 IMAR DRIVE**  
**SUN CITY CENTER FL 33573**

Name

**BRIAN L. MAY**

Street Address (P.O. Box Number is Not Acceptable)

**STERLING MANAGEMENT**

**723 IMAR DR.**

City

**SUN CITY CENTER**

FL

Zip Code

**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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-12-01**

DATE

**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: **TD**  Delete  
 NAME: **HOFACKER, MURIEL** **D**  
 STREET ADDRESS: **1801 BEDFORD LANE 32**  
 CITY-ST-ZIP: **SUN CITY CNTR, FL 00000**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VP**  Delete  
 NAME: **REID, CLARENCE** **D**  
 STREET ADDRESS: **1801 BEDFORD LANE B-48**  
 CITY-ST-ZIP: **SUN CITY CENTER FL 33573**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **PD**  Delete  
 NAME: **FINLAY, DOUGLAS** **D**  
 STREET ADDRESS: **1801 BEDFORD LANE #43**  
 CITY-ST-ZIP: **SUN CITY CNTR. FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **S**  Delete  
 NAME: **LUTHER, C. WARREN** **D**  
 STREET ADDRESS: **1801 BEDFORD LANE #42**  
 CITY-ST-ZIP: **SUN CITY CENTER FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **NORTH, CLARABELLE**  
 STREET ADDRESS: **1801 BEDFORD LANE, #35**  
 CITY-ST-ZIP: **SUN CITY CENTER FL**

TITLE: **D**  Change  Addition  
 NAME: **PENNINGTON, INGBORG**  
 STREET ADDRESS: **1801 BEDFORD LANE, B-47**  
 CITY-ST-ZIP: **SUN CITY CENTER, FL 33573**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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, when all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten Signature: Margaret A. Heston, President*

**14 MAR 01 813 634 5689**

Date

Daytime Phone #

CR2E037 (10/00)