## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT # N00429** 1. Entity Name 05-27-2002 90468 005 \*\*\*\*61.25 BEDFORD B CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business STERLING MANAGEMENT STERLING MANAGEMENT 723 IMAR DRIVE 723 IMAR DRIVE SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2155854 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) MAY, BRIAN L 2401 WEST BAY DRIVE, SUITE 414 STERLING MANAGEMENT 723 IMAR DRIVE Zip3C30770 City LARGO 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. Busch de daam. EDITION PORTER BY FOR BY THE TENER OF THE PROPERTY FOR TH Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition Change PDTITLE TDD ☐ Delete TITLE Reid, Clarence NAME HOFACKER, MURIEL 1801 Bedford Un. B-48 NAME STREET ADDRESS 1801 BEDFORD LANE 32 STREET ADDRESS In City Center, FL 33573 CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL Addition **X** Delete TITLE **VPD** TITLE ox, Margaret NAME REID, CLARENCE 1801 Bedford Un. B-35 NAME STREET ADDRESS 1801 BEDFORD LANE B-48 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 Change ☐ Addition Delete TITLE TITLE NAME FINLAY, DOUGLAS NAME STREET ADDRESS 1801 BEDFORD LANE #43 STREET ADDRESS CITY-ST-ZIP SUN CITY CNTR. FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE LUTHER, C. WARREN NAME NAME STREET ADDRESS 1801 BEDFORD LANE #42 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE PENNINGTON, INGEBORG NAME NAME STREET ADDRESS 1801 BEDFORD LANE B-47 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP