2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00429

2. Principal Place of Business - No P.O. Box #

1. Entity Name BEDFORD B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90046 027 ****61.25

40004000

5. Certificate of Status Desired

2022007	Chg-NP	CR2E037 (12/06)							
. FEI Number			Applied For						
59-215	5854	(F	Not Applicab						

\$8.75 Additional

Zip Code

Fee Required

LAW OFFICES OF JAMES R. DE FURIO , P.A. 201 EAST KENNEDY BOULEVARD

6. Name and Address of Current Registered Agent

Country

SUITE 1460 TAMPA, FL 33602

/. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent

Country

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees	Make check payable t Florida Department of S	
10.	OFFICERS AND DIRECTORS	S	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY+ST-ZIP	TDD HOFACKER, MURIEL 1801 BEDFORD LANE 32 SUN CITY CENTER, FL	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	180	NTGOMERY N BERFOR	P, VIRGINIA □ Change b LN B-Y3 NTER FL 33573	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTGOMERY, VIRGINIA 1801 BEDFORD LN B38 SUN CITY CENTER, FL 33573	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	180	FF SCHA	FFER Change FFER LN B-31 ENTER FL 33573	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDNER, PATSY 1801 BEDFORD LN. B41 SUN CITY CENTER, FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	α		TOHN ED LN B-31 NTER FL 33573	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, CLARENCE 1801 BEDFORD LN. B48 SUN CITY CENTER, FL 33573	⊠ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALLENDER, KENNETH 1801 BEDFORD LN. B43 SUN CITY CENTER, FL 33573	⊠ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECT

PRES.