


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90081 048 ****61.25

DOCUMENT # N00429

1. Entity Name
BEDFORD B CONDOMINIUM ASSOCIATION, INC.



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

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

2. Principal Place of Business - No P.O. Box #
Sterling Management
1904 Clubhouse Drive
Sun City Center, FL 33573

3. Mailing Address
 Apt. #, etc.
 State
 Country

4. FEI Number
59-2155854

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

03112008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
LAW OFFICES OF JAMES R. DE FURIO, P.A.
201 EAST KENNEDY BOULEVARD
SUITE 1460
TAMPA, FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDD HOFACKER, MURIEL 1801 BEDFORD LANE 32 SUN CITY CENTER, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTGOMERY, VIRGINIA 1801 BEDFORD LN B-43 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDNER, PATSY 1801 BEDFORD LN. B41 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAFER, CLIFF 1801 BEDFORD LN B-31 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIHSTINANI, JOHN 1801 BEDFORD LN B-31 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTHER, C.W. 1801 BEDFORD LANE B-42 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COCHRAN, TERRE 1801 BEDFORD LANE B-45 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APEL, BARBARA 1801 BEDFORD LANE B-39 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, INGEBORG 1801 BEDFORD LANE B-47 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, VIRGINIA 1801 BEDFORD LANE B-38 SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, JIM 1801 BEDFORD LANE B-48 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 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: Charles W. Luther PRES. Date: 3/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #