## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT # N00429**

1. Entity Name

BEDFORD B CONDOMINIUM ASSOCIATION, INC.

\*\*\*\*\*\*New Address\*\*\*\*\* Sterling Management 1701-B Rickenbacker Drive Sun City Center, FL 33573

TITLE

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*\*\*New Address\*\*\*\*\* Sterling Management 1701-B Rickenbacker Drive Sun City Center, FL 33573

FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	10. OFFICERS AND DIRECTORS				ADDITIONS/CHANG	ES TO OFFICERS AND	ICERS AND DIRECTORS IN 10		
TITLE	TDD	☐ Delete	TITLE	PD			☐ Change	★ Addition	(10/02)
NAME	HOFACKER, MURIEL		NAME	luth	er,C.Warren			_	þ
STREET ADDRESS	1801 BEDFORD LANE 32		STREET ADDRESS	1801	er,C.Warten Bedford Ln. B	54Z			
CITY-ST-ZIP	SUN CITY CENTER FL				City Center.				CR2E037
TITLE	PD	Delete	TITLE	SD	. ,		☐ Change	Addition	22
NAME	REID, CLARENCE		NAME	Rudi	ner, Patsy		_ ,	7	0
STREET ADDRESS	1801 BEDFORD LANE B-48		STREET ADDRESS	1801	Brilford in B	41			
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		City Center.				
TITLE	VPD	☐ Defete	TITLE	D			☐ Change	Addition	
NAME	COX, MARGARET		NAME	Reid	l, Clarence Bedford un		_ ,		
STREET ADDRESS	1801 BEDFORD LN. B-35		STREET ADDRESS	1801	Bedford un	. B48			
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP	Sun	City Center,	FL 33573			
TITLE	SD	Delete	TITLE				☐ Change	Addition	
NAME	LUTHER, C. WARREN	′ '	NAME						
STREET ADDRESS	1801 BEDFORD LANE #42		STREET ADDRESS						1
CITY-ST-ZIP	SUN CITY CENTER FL		CITY-ST-ZIP						
TITLE	D	Delete	TITLE				☐ Change	Addition	
NAME	PENNINGTON, INGEBORG	• •	NAME					_	

**FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90156 013 \*\*\*\*61.25

	ekenbacker Drive enter, FL 33573	1701-B Rickenbacker Dr Sun City Center, FL 335		 	ili <b>er</b> iie <b>air</b> a dana laia ereii	ANDRI ANDRI BEB	DIL EKOLI KODI		
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State C		City & State	City & State		4. FEI Number <b>59-2155854</b>			Applied For Not Applicable	
Zíp	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional		
	6. Name and Address of Curr	ent Registered Agent	<u> </u>	7. Name and Add	ress of New Registere			ł	
	& POLIAKOFF, P. A. ST BAY DRIVE, SUITE 414		Street Ad City	James R. De 01 E. Kennedy	Furio, Esquire		le		
	e named entity submits this statemer lions of registered argent.  Signature, typed or printed name of registered a	In Atta	registered office or regis	-	the State of Florida. I at MAR 2 5 2003		and accept		
ı	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	l 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDD HOFACKER, MURIEL 1801 BEDFORD LANE 32 SUN CITY CENTER FL	☐ Delete	STREET ADDRESS 1801	ner, C. Warren Bedford Ln. B 11 City Center,	42 FL33573	☐ Change	<b>⊠</b> Addition	(00,07, 100)	
TITLE Name Street address City-St-Zip	PD REID, CLARENCE 1801 BEDFORD LANE B-48 SUN CITY CENTER FL 33573	<b>∑</b> Delete	NAME STREET ADDRESS 1801	Iner, Patsy Braford Ln. B 1 City Center,	- 41	☐ Change	Addition	000	
TITLE Name Street address City-St-Zip	VPD COX, MARGARET 1801 BEDFORD LN. B-35 SUN CITY CENTER FL 33573	☐ Delete	NAME REI	d, Clarence 1 Bedford un- 1 City Center,	B48	☐ Change	Addition Addition		
TITLE NAME Street Address City-St-Zip	SD Luther, C. Warren 1801 Bedford Lane #42 Sun City Center FL	<b>p</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, INGEBORG 1801 BEDFORD LANE B-47 SUN CITY CENTER FL 33573	<b>⊠</b> 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SUN CITY CENTER FL 33573

☐ Delete

813-634-4751

☐ Change

☐ Addition