2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N03000005139

Entity Name: BEDFORD PARK AT TRADITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1850 FOUNTAINVIEW BLVD., STE. 201
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1850 FOUNTAINVIEW BLVD., STE. 201
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 57-1172949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRADITION DEVELOPMENT COMPANY, LLC
1850 FOUNTAINVIEW BLVD., STE. 201
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, JAMES
Address: 1850 FOUNTAINVIEW BLVD., STE. 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD ( ) Delete
Name: ZBORIL, JAMES
Address: 1850 FOUNTAINVIEW BLVD., STE. 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: STD ( ) Delete
Name: GALLAGHER, JOHN
Address: 1850 FOUNTAINVIEW BLVD., STE. 201
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. ANDERSON PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date