

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

FILED
Apr 22, 2010
Secretary of State

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

Current Principal Place of Business:

10521 SW VILLAGE CENTER DRIVE
SUITE 201
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

10521 SW VILLAGE CENTER DRIVE
SUITE 201
PORT ST. LUCIE, FL 34987

New Mailing Address:

430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986

FEI Number: 57-1172949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
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
Name: MALLONE, TOM
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: STD
Name: PELLICK, DAN
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP
Name: ROBINSON, LORI
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: LORI ROBINSON

VP

04/22/2010

Electronic Signature of Signing Officer or Director

Date