## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005139

FILED Apr 13, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

430 NW LAKE WHITNEY PLACE 543 NW LAKE WHITNEY PLACE STE 101

PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

430 NW LAKE WHITNEY PLACE 543 NW LAKE WHITNEY PLACE STE 101

PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT

430 NW LAKE WHITNEY PLACE

PORT ST. LUCIE, FL 34986 US

ROSS EARLE & BONAN, PA
799 S FEDERAL HWY STE 101
STUART, FL 34994 US

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: DEBORAH L ROSS 04/13/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

Name: GILFILLAN, STACEY

Address: 543 NW LAKE WHITNEY PLACE STE 101

City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD

Name: DUFOUR, RICHARD

Address: 543 NW LAKE WHITNEY PLACE STE 101

City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD

Name: WIDTH, DAVID A

Address: 543 NW LAKE WHITNEY PLACE STE 101

City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD

Name: WEBSTER, FRANK W

Address: 543 NW LAKE WHITNEY PLACE STE 101

City-St-Zip: PORT ST LUCIE, FL 34986

Title:

Name: HOUTRIDES, JOSEPHINE

Address: 543 NW LAKE WHITNEY PLACE STE 101

City-St-Zip: PORT ST 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: FRANK W WEBSTER TD 04/13/2011