N0300005139

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Bedford Park at Tradition Homeowners Association, L						
DOCUMENT NUMBER:_	N03	000005139				
The enclosed Statement of C	hange of Registered Offic	e/Agent and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	r to the following:				
	Deborah Ross Name of Contact Person					
Ross Earle & Bonan						
Firm/Company						
789 S Federal Highway, Suite 101 Address						
Stuart, FL 34994 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information conc	erning this matter, please	call:				
Debora Name of Con		at (772) Area Code & Days	287-1745 time Telephone Number			
Enclosed is a \$35.00 check n	nade payable to the Depar	tment of State.				
Amo Div P.O	ling Address: endment Section ision of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section Corporations ing ve Center Circle			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	prporation organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Sta	te of Florida		
2. The principal	he corporation: <u>Bedfo</u> office address: <u>543 NN</u> Icie, FL 34986			ers Association, Inc.		
3. The mailing a	ddress (if different): <u>Sa</u>	me as above				
4. Date of incorp	ooration/qualification:	06/16/2003	Document number:	N03000005139		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)						
	Ross Earle & Bona	an, PA				
	799 S Federal Highway, Suite 101					
	Stuart, FL 34994					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Ross Earle & Bons	an, PA		9.5		
789 S Federal Highway, Suite 101						
P.O. Box NOT acceptable						
Stuart, FL 34994 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.						
-						
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.						
STACEY GILFILLAN PRESIDENT Printed or typed name and title?						
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute, ad accept the obliga ct a change in the r og of this change.	gree to act in this capact is relative to the proper a tion of my position as req egistered office address.	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the		
		2	7/25/11			
Signature of Registered Agent If signing on behalf of an entity:						
•						
OEBORAH TOSS ESQ. Typed or Printed Name						

* * * FILING FEE: \$35.00 * * *