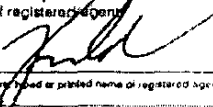
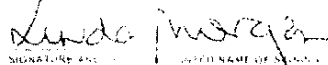


FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90013 034 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N36539																											
1. Entity Name BEDFORD AT LAKE CATHERINE HOMEOWNERS ASSOCIATION, INC.																											
Principal Place of Business PRIME MANAGEMENT 2074 W. INDIANTATION RD- SUITE 200 JUPITER, FL 33458 US		Mailing Address C/O PRIME MANAGEMENT 2074 W. INDIANTATION RD-SUITE 200 JUPITER, FL 33458 US																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 65-0172177		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
5. Name and Address of Current Registered Agent MANAGEMENT, PRIME 2074 W. INDIANTATION RD-SUITE 200 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name GARY FIELDS, Esq. Street Address (P.O. Box Numbers Not Acceptable) LAW OFFICE OF GARY D. FIELDS P.A. ADMIRALTY Tower-Suite 900 4400 PGA BLVD. City PALEMBACH GARDENS FL Zip Code 33400																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (GARY FIELDS) DATE 1/24/08 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)																											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
<table border="1"><tr><td>TITLE</td><td>P</td><td>☐ Delete</td></tr><tr><td>NAME</td><td colspan="2">MORGAN, LINDA</td></tr><tr><td>STREET ADDRESS</td><td colspan="2">2005 BEDFORD DRIVE</td></tr><tr><td>CITY-STATE-ZIP</td><td colspan="2">PALEMBACH GARDENS, FL 33403</td></tr></table>		TITLE	P	☐ Delete	NAME	MORGAN, LINDA		STREET ADDRESS	2005 BEDFORD DRIVE		CITY-STATE-ZIP	PALEMBACH GARDENS, FL 33403		<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td colspan="2">SYLVIA CARTER</td></tr><tr><td>STREET ADDRESS</td><td colspan="2">1044 BEDFORD AVE.</td></tr><tr><td>CITY-STATE-ZIP</td><td colspan="2">PALEMBACH GARDENS, FL 33403</td></tr></table>		TITLE		☐ Change ☐ Addition	NAME	SYLVIA CARTER		STREET ADDRESS	1044 BEDFORD AVE.		CITY-STATE-ZIP	PALEMBACH GARDENS, FL 33403	
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12. I hereby certify that the information provided on this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation, or a person authorized to execute this report, or a person authorized to execute this report on behalf of the corporation.																											
SIGNATURE: 		1-21-03																									
SIGNATURE OF OFFICER OR DIRECTOR		SIGNATURE OF OFFICER OR DIRECTOR																									