

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00429

**Entity Name:** BEDFORD B CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC7323342694**

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER, FL 33573 US

**FEI Number: 59-2155854**

**Certificate of Status Desired: No**

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVE  
TAMPA, FL 33602 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: BUSH ROSS, PA**

**03/17/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MORRELL, DON  
Address 1801 BEDFORD LANE #37  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name RUDNER, PATSY  
Address 6635 MACKLE ROAD  
APT 507  
City-State-Zip: COTE ST LUC QC H4W 2Z7

Title TD  
Name APEL, BARBARA  
Address 1801 BEDFORD LANE #39  
City-State-Zip: SUN CITY CENTER FL 33573

Title D  
Name CAMP, CAROL  
Address 1801 BEDFORD LANE #48  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name TACKET, JEWELL  
Address 1801 BEDFORD LANE #27  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name CARLSON, LILIANA  
Address 3069 FURBECK ROAD  
City-State-Zip: ALTAMONT NY 12009

Title SECRETARY  
Name SCHARE, BETTY  
Address 1801 BEDFORD LANE  
#29  
City-State-Zip: SUN CITY CENTER FL 33573

Title VP  
Name HESS, ROSE  
Address 1801 BEFORD LANE  
#40  
City-State-Zip: SUN CITY CENTER FL 33573

*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: DON MORRELL**

**PRESIDENT**

**03/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date