

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00429

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

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**3633123452CC**

**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:**

APPLETON REISS, PLLC  
501 E KENNEDY BLVD  
SUITE 802  
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: ERIC APPLETON**

**03/17/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            RENNER, REBECCA  
Address        1801 BEDFORD LN  
                  APT 30  
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**

**03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date