2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00429

Entity Name: BEDFORD B CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 16, 2023
Secretary of State
4881022210CC

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 215 N HOWARD AVE SUITE 200 TAMPA, FL 33606 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 03/16/2023

Electronic Signature of Registered Agent Date

City-State-Zip:

SUN CITY CENTER FL 33573

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameMORRELL, DONNameAPEL, BARBARA

Address 1801 BEDFORD LANE #37 Address 1801 BEDFORD LANE #39

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title D Title VP

NameCAMP, CAROLNameRENNER, REBECCAAddress1801 BEDFORD LANE #48Address1801 BEDFORD LN

Address 1801 BEDFORD LANE #48 Address 1801 BEDFORD LN APT 30

City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER Title DIRECTOR

Name SELSING, SHARON Name SCRIVENS, CHRIS
Address 1801 BEDFORD LN
Address 1801 BEDFORD LN

APT 40 Address 1801 BEDFORD LN
APT 27

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR Title DIRECTOR

 Name
 BURGER, KENNETH
 Name
 CLARK, STARLING

 Address
 1801 BEDFORD LN #B-35
 Address
 1801 BEDFORD LN

#B-42

City-State-Zip: SUN CITY CENTER FL 33573 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 03/16/2023