### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00429

Entity Name: BEDFORD B CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 01, 2024 **Secretary of State** 6067860214CC

# **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 03/01/2024

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY Name MORRELL, DONALD Name APEL, BARBARA 1801 BEDFORD LANE Address Address 1801 BEDFORD LANE

**APT. 37** APT. 39

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

Title **DIRECTOR** Title **DIRECTOR** 

Name CAMP, CAROL Name RENNER, REBECCA

Address 1801 BEDFORD LANE Address 1801 BEDFORD LN APT. 48

APT 30

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

Title **TREASURER** Title DIRECTOR

SELSING, SHARON SCRIVENS, CHRIS Name Name

1801 BEDFORD LN 1801 BEDFORD LN Address Address

> APT 40 APT 27

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

**DIRECTOR** VΡ Title Title

Name BURGER, KENNETH Name CLARK, STARLING

Address 1801 BEDFORD LN Address 1801 BEDFORD LN

APT. 35 APT. 42

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

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.

03/01/2024 SIGNATURE: DONALD MORRELL **PRESIDENT**