


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90005 003 \*\*\*\*70.00

<b>DOCUMENT # 753946</b>	
1. Entity Name <b>BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>3509 BELL SHOALS ROAD VALRICO, FL 33594 US</b>	Mailing Address <b>3509 BELL SHOALS ROAD VALRICO, FL 33594 US</b>
--	--

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

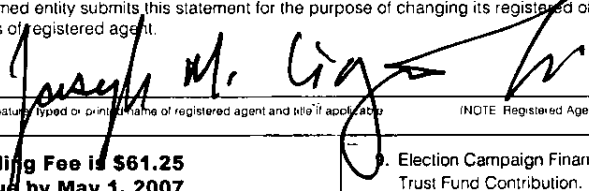
40032520



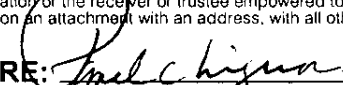
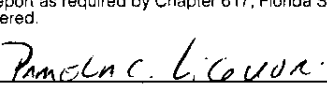
02142007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2586385</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LIGUORI, JOSEPH M 3509 BELL SHOALS ROAD VALRICO, FL 33594</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
---	--	---	--

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  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRABLE, TED 4316 GLENDON PLACE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T LIGUORI, PAM 1522 DUMONT DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HICKLE, JOE 1405 MONTE ALKE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUMAN, TIMOTHY 3821 CLOVERHILL CT BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HECKEL, STEVE 4127 MORELAND DR VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARROD, LYDIA 503 SANDY CREEK DRIVE BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2/26/07</b> <small>Daytime Phone #</small>

ATTACHMENT

ATTACHMENT 40032520

#753946

**Bloomingdale Homeowners Association, Inc.**

3509 Bell Shoals Road  
Valrico, FL 33594  
(813) 681-2051

Serving the Bloomingdale Communities

February 6, 2006

FEB 1, 2007

Division of Corporations  
P O Box 6198  
Tallahassee, FL 32314

SEE ATTACHED

To Whom It May Concern:

Enclosed you will find our "2006 Not-For-Profit Corporation" Annual Report. It contains changes to our Board of Directors but only has room for six Directors. Our board is currently made up of ten Directors. Below you will find the names and address of the additional Directors and deletions:

Title: Director Name: Dale Kahn Address: 2307 Timbergrove Drive City-St-Zip: Valrico, FL 33594	Addition	Title: Director Name: George May Address: 3708 Treeline Drive City-St-Zip: Valrico, FL 33594	Addition
Title: Director Name: Myron Magedanz Address: 4005 Orangefield Place City-St-Zip: Valrico, FL 33594	Addition	Title: Director Name: Stanley Lee Address: 1204 Rainbrook Circle City-St-Zip: Valrico, FL 33594	Delete
Title: Director Name: Kennard Pyse Address: 4322 Glendon Place City-St-Zip: Valrico, FL 33594	Addition	Title: Director Name: Jane Lee Address: 1204 Rainbrook Circle City-St-Zip: Valrico, FL 33594	Delete

Sincerely,



Ted Grable, President  
Bloomingdale Homeowners Association

TG/jbh  
Enclosure