


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90110 015 \*\*\*\*61.25

<b>DOCUMENT # 753946</b>					
<b>1. Entity Name</b> BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3509 BELL SHOALS ROAD VALRICO, FL 33596 US			<b>Mailing Address</b> 3509 BELL SHOALS ROAD VALRICO, FL 33596 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2586385	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WILSON, DERRY E 3509 BELL SHOALS ROAD VALRICO, FL 33596			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> GRABLE, TED <b>STREET ADDRESS</b> 4316 GLENDON PLACE <b>CITY-ST-ZIP</b> VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> HICKLE, JOE <b>STREET ADDRESS</b> 1405 MONTE LAKE DR <b>CITY-ST-ZIP</b> VALRICO FL 33596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S/T <b>NAME</b> LIGUORI, PAM <b>STREET ADDRESS</b> 1522 DUMONT DRIVE <b>CITY-ST-ZIP</b> VALRICO, FL 33594	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> STAN LEE <b>STREET ADDRESS</b> 1204 RAINBROOK CIRCLE <b>CITY-ST-ZIP</b> VALRICO FL 33596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SHUMAN, TIMOTHY <b>STREET ADDRESS</b> 3821 CLOVERHILL CT <b>CITY-ST-ZIP</b> BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> GEORGE MAY <b>STREET ADDRESS</b> 3708 TREELINE DR <b>CITY-ST-ZIP</b> VALRICO FL 33596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HECKEL, STEVE <b>STREET ADDRESS</b> 4127 MORELAND DR <b>CITY-ST-ZIP</b> VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DON GREVERT <b>STREET ADDRESS</b> 1233 LORNEWOOD DR <b>CITY-ST-ZIP</b> VALRICO FL 33596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HARROD, LYDIA <b>STREET ADDRESS</b> 503 SANDY CREEK DRIVE <b>CITY-ST-ZIP</b> BRANDON, FL 33511	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Rege Wilson</u>			Date <u>4/24/08</u> Daytime Phone # <u>813 681 2051</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					