

753946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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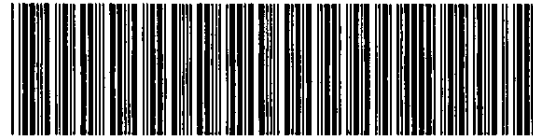
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bloomingdale Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 753946

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Osborn or Joy Boisselle  
Name of Contact Person

Bloomingdale Homeowners Association, Inc.  
Firm/Company

3509 Bell Shoals Rd  
Address

Valrico, FL 33596  
City/State and Zip Code

bloomingdale.homeowners@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Boisselle, OFC, MGR at ( 813 ) 681-2051  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bloomington Homeowners Association, Inc.

2. The principal office address: 3509 Bell Shoals Rd  
Valrico, FL 33596

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/26/1980 Document number: 753946

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

George T. May IV  
3708 Treeline Drive  
Valrico, FL 33596

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

George T. May IV  
3509 Bell Shoals Rd  
P.O. Box NOT acceptable  
Valrico, FL 33596

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Dennis Osborn  
Signature of an officer or director

Dennis Osborn, Treasurer  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Dennis Osborn  
Signature of Registered Agent

Aug. 19, 2013  
Date

If signing on behalf of an entity:

DENNIS OSBORN  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*