

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001500

**FILED
Feb 10, 2004
Secretary of State**

Entity Name: BLOOMINGDALE EXECUTIVE PARK ASSOCIATION, INC.

Current Principal Place of Business:

308 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

308 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-3729097 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEVINE, CHARLES MD
336 E BLOOMINGDALE AVE
BRANDON, FL 33511

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROE, TIM
Address: 336 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

Title: STD () Delete
Name: DEVINE, CHARLES
Address: 336 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: DIAZ, MANUEL A JR
Address: 611 PINEDALE COURT
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES D. DEVINE, MD

STD

02/10/2004

Electronic Signature of Signing Officer or Director

_____ Date