

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004284

FILED
Apr 27, 2009
Secretary of State

Entity Name: VILLAGES OF BLOOMINGDALE I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

Current Mailing Address:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 230
CORAL GABLES, FL 33134 US

New Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 230
CORAL GABLES, FL 33134 US

FEI Number: 20-1671706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

KW PROPERTY MANAGEMENT
396 ALHAMBRA CIRCLE
SUITE 230
CORAL GABLES, FL 33134 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: TRYCIA ARENCIBIA

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DISPENZA, SCOTT
Address: P.O. BOX 2878
City-St-Zip: RIVERVIEW, FL 33568 US

Title: VP () Delete
Name: FEZZEY, CAROL
Address: P.O. BOX 2878
City-St-Zip: RIVERVIEW, FL 33568 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VENTO, WILLIAM
Address: 11030 N. KENDALL DR, SUITE 100
City-St-Zip: MIAMI, FL 33176 US

Title: VP (X) Change () Addition
Name: AVILA, RIGO
Address: 11030 N. KENDALL DR, SUITE 100
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM VENTO

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date