


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 007 ****61.25

DOCUMENT # N04000005046

1. Entity Name
BLOOMINGDALE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3719 SWANN AVENUE
 TAMPA, FL 33609**

Mailing Address
**3719 SWANN AVENUE
 TAMPA, FL 33609**

50023894



2. Principal Place of Business
708 Lithia Pinecrest Rd

3. Mailing Address
708 Lithia Pinecrest Rd

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

City & State
Brandon, FL

City & State
Brandon, FL

Zip
33511

Country
US

Zip
33511

Country
U.S.

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number
45-0539566

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOBBS, ROBERT S
 3719 SWANN AVENUE
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name
Brian S. Sefcik

Street Address (P.O. Box Number is Not Acceptable)
708 Lithia Pinecrest Road

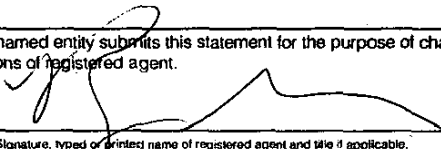
Suite 103

City
Brandon

State
FL

Zip Code
33511

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:  **Brian S. Sefcik** **2/3/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEFEIK, BRIAN S	
STREET ADDRESS	708 LITHIA PINECREST ROAD	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADLEY, VINCE	
STREET ADDRESS	708 LITHIA PINECREST ROAD	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, ROBERT S	
STREET ADDRESS	3719 SWANN AVENUE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Brian S. Sefcik** **2/3/05** **(813) 689-7161**

Signature and typed or printed name of signing officer or director Date Daytime Phone #