


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90251 046 ****70.00

DOCUMENT # N04000012120					
1. Entity Name BLOOMFIELD MEADOWS OF HOBE SOUND HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O BOB GRUDI, 11500 SE FEDERAL HIGHWAY LOT 36 HOBE SOUND, FL 33455 US			Mailing Address C/O KAREN MENTOR, 8949 SE BRIDGE RD PMB 298 HOBE SOUND, FL 33455 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 202179491	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MENTOR, KAREN P ESQ. 8949 SE BRIDGE ROAD HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRUDI, ROBERT		NAME		
STREET ADDRESS	11500 SE FEDERAL HIGHWAY, LOT 36		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGENBERGER, HARRY		NAME		
STREET ADDRESS	11500 SE FEDERAL HIGHWAY, LOT 18		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOWER, SUSAN		NAME		
STREET ADDRESS	11500 SE FEDERAL HIGHWAY, LOT 2		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOTZ, IRENE		NAME		
STREET ADDRESS	11500 SE FEDERAL HIGHWAY, LOT 22		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORODZIUK, MYRTLE		NAME		
STREET ADDRESS	11500 SE FEDERAL HIGHWAY, LOT 9		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCALL, JANE		NAME		
STREET ADDRESS	11500 SE FEDERAL HIGHWAY, LOT 30		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		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: <u>Irene Klotz Irene Klotz</u>			Date: <u>4/22/05</u>		Daytime Phone #: <u>772-546-4428</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					