

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32784 (3)
1. Corporation Name
BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **POST OFFICE BOX 2980 RIVERVIEW FL 33509-2980**
Mailing Address: **POST OFFICE BOX 2980 RIVERVIEW FL 33509-2980**

3. Date Incorporated or Qualified: **06/12/1989**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **65-0179939**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**NELSON, MARJORIE L.
10918 FENWAY GLEN COURT
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent
81 Name: **Mayone Nelson Young**
82 Street Address (P.O. Box Number is Not Acceptable): **same**
83
84 City: **FL** 85 Zip Code

41. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: **Mayone Nelson Young** DATE: **2/5/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PASSONNIER, LIN	
STREET ADDRESS	11003 KENBROOK	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PASSONNIER, LISA	
STREET ADDRESS	11003 KENBROOK	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, MARJORIE L.	
STREET ADDRESS	10918 FENWAY GLEN	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOSCINSKI, SUSAN	
STREET ADDRESS	10906 KENBROOK	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Loretta Smith	
1.3 STREET ADDRESS	1109 Kenbrook	
1.4 CITY-ST-ZIP	Riverview, FL 33569	
2.1 TITLE	No VP at this time	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mayone Nelson Young	
3.3 STREET ADDRESS	10918 Fenway Glen	
3.4 CITY-ST-ZIP	Riverview FL 33569	
4.1 TITLE	Secretary D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beverly Holland	
4.3 STREET ADDRESS	6107 Cricket Hollow	
4.4 CITY-ST-ZIP	Riverview FL 33569	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	300001768260	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/03/96--01081--014	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Number certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: **Mayone Nelson Young** DATE: **2/5/96** (813) 228-0049 Daytime Phone #

CR2E037 (12/95)