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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Post Office Box 165		26 Post Office Box 165		06/12/1989	04/03/1996
22 Riverview		27 Riverview FL		4. FEI Number	Applied For
City & State		City & State		65-0179939	Not Applicable
23 Riverview, FL		28 Riverview FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	
24 33569		29 33569		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country		Country		<input type="checkbox"/>	
25 USA		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

10. Name and Address of New Registered Agent
81 Name: Kathy K Vance
82 Street Address (P.O. Box Number is Not Acceptable): 6120 Cricket Hollow Dr
83
84 City: Riverview FL 85 Zip Code: 33569

11. 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 office 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: Kathy K Vance DATE: 3-27-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LORETTA	
STREET ADDRESS	1109 KENBROOK	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, BEVERLY	
STREET ADDRESS	6107 CRICKET HOLLOW	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON YOUNG, MARJORIE	
STREET ADDRESS	10918 FENWAY GLEN	
CITY-ST-ZIP	RIVERVIEW FL 33569	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kathy K Vance	
1.3 STREET ADDRESS	6120 Cricket Hollow Dr	
1.4 CITY-ST-ZIP	Riverview, FL 33569	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: [Signature] DATE: 3-27-97

CR2E037 (9/96)