

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32784** (3)  
1. Corporation Name  
**BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>POST OFFICE BOX 165 RIVERVIEW FL 33569 US</b>	Mailing Address <b>P O BOX 165 RIVERVIEW FL 33565 US</b>
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3. Date Incorporated or Qualified <b>06/12/1989</b>	
4. FEI Number <b>65-0179939</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**VANCE, KATHY K  
6120 CRICKET HOLLOW DR  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name <b>Vance, Richard S.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>6120 Cricket Hollow Dr</b>	
83	
84 City <b>Riverview</b>	85 Zip Code <b>FL 33569</b>

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 Richard S. Vance **Richard S. Vance** 3/21/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SMITH, LORETTA</b>	
STREET ADDRESS <b>1109 KENBROOK</b>	
CITY-ST-ZIP <b>RIVERVIEW FL 33569</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HOLLAND, BEVERLY</b>	
STREET ADDRESS <b>6107 CRICKET HOLLOW</b>	
CITY-ST-ZIP <b>RIVERVIEW FL 33569</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>VANCE, KATHY K</b>	
STREET ADDRESS <b>6120 CRICKET HOLLOW DR</b>	
CITY-ST-ZIP <b>RIVERVIEW FL</b>	
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 <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Vance, Richard S.</b>	
1.3 STREET ADDRESS <b>6120 Cricket Hollow Dr</b>	
1.4 CITY-ST-ZIP <b>Riverview FL 33569</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Mueller, Judith</b>	
2.3 STREET ADDRESS <b>6110 Becklin Place</b>	
2.4 CITY-ST-ZIP <b>Riverview FL 33569</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Walkup, Mark</b>	
3.3 STREET ADDRESS <b>6014 Cricket Hollow Dr</b>	
3.4 CITY-ST-ZIP <b>Riverview FL 33569</b>	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Richard S. Vance **REQUIRED** 3/21/98 813-689-4513  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0047144

CR2E037 (10/97)