

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90079 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32784**

1. Corporation Name  
**BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business POST OFFICE BOX 165 RIVERVIEW FL 33569 US	Mailing Address P O BOX 165 RIVERVIEW FL 33565 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/12/1989
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0179939
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

VANCE, RICHARD S.  
 6120 CRICKETHOLLOW DR  
 RIVERVIEW FL 33569

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 1/19/1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, RICHARD S.	1.2 NAME	
STREET ADDRESS	6120 CRICKETHOLLOW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, BEVERLY	2.2 NAME	
STREET ADDRESS	6107 CRICKET HOLLOW	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, JUDITH	3.2 NAME	Wilson, Michael
STREET ADDRESS	6110 BECKLIN PL	3.3 STREET ADDRESS	10903 Carnelian Lane
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKUP, MARK	4.2 NAME	
STREET ADDRESS	6014 CRICKETHOLLOW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Richard S. Vance 1/19/1999 (813) 689-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)