

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32784

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90025 014 ****61.25

1. Entity Name
BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

POST OFFICE BOX 165 P O BOX 165
RIVERVIEW FL 33569 RIVERVIEW FL 33568-0165
US US



DO NOT WRITE IN THIS SPACE

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 Applied For

65-0179939 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANCE, RICHARD S.
6120 CRICKETHOLLOW DR
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE Richard S Vance Richard S Vance 4/18/00

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

10. **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	VANCE, RICHARD S.
STREET ADDRESS	6120 CRICKETHOLLOW DR
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 type="checkbox"/> Delete
NAME	WILSON, MICHAEL
STREET ADDRESS	10903 CARNELIAN LANE
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WALKUP, MARK
STREET ADDRESS	6014 CRICKETHOLLOW DR
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Mueller, Judith
STREET ADDRESS	6110 Becklin PL
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard S Vance Richard S Vance 4/18/00 813-689-4513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)