



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N32784			
1. Entity Name BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.		FILED 05 SEP 17 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business POST OFFICE BOX 2692 RIVERVIEW, FL 33568 US		Mailing Address POST OFFICE BOX 2692 RIVERVIEW, FL 33568 US	
2. Principal Place of Business 4917 Ehrlich Rd Suite Apt. #, etc. 203		3. Mailing Address 4917 Ehrlich Rd Suite Apt. #, etc. 203	
City & State Tampa FL		City & State Tampa FL	
Zip 33624	Country USA	Zip 33624	Country USA
6. Name and Address of Current Registered Agent PINNER, PAMELA MCNEIL MGMT SVCS INC 6118 BECKLIN PLACE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name West Coast Management and Realty, Inc Street Address (P.O. Box Number is Not Acceptable) 4917 Ehrlich Rd. Suite # 203 City Tampa FL Zip Code 33624	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Denise Helbig</u>		SIGNATURE <u>Denise Helbig</u>	
<small>Signature, typed or printed name of registered agent and use if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<small>DATE</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, STELLA 10037 CARNELIAN LN. RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary Dintz, Stella 10937 Carnelian Ln Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSMANN, MERCEDES 10922 FENWAY GLEN RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Directors Bajnath, Jonah 10912 Brucehaven Dr Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJORS, KAREN 10025 BRUCEHAVEN DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Karon Majors <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, JOSEPH 10935 BRUCEHAVEN DR. RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Angeloni, Howie 10923 Peppersong Dr Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGNA, PEREZ 10025 BRUCEHAVEN DR. RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059825508 09/21/05--01039--002 **297.50
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: <u>Karen E. Majors</u>		Date: <u>8-24-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	