


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90241 040 \*\*\*\*61.25

**DOCUMENT # N32784**  
1. Entity Name  
**BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 4917 EHRlich RD #203 TAMPA FL 33624 US  
Mailing Address: 4917 EHRlich RD #203 TAMPA FL 33624 US



2. Principal Place of Business: 14813 Turner Rd  
3. Mailing Address: 14813 Turner Rd

City & State: Tampa FL  
City & State: Tampa FL

Zip: 33624 Country: USA  
Zip: 33624 Country: USA

4. FEI Number: 65-0179939  
Applied For:  Not Applicable

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

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: Denise Helbig  
Street Address (P.O. Box number is Not Acceptable): 14813 Turner Road  
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: *Denise Helbig* DATE: 3/16/06  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	S DINTZ, STELLA	<input type="checkbox"/> Delete
STREET ADDRESS	10937 CARNELIAN LN.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE NAME	D BAJNATH, JONAH	<input type="checkbox"/> Delete
STREET ADDRESS	10912 BRUCEHAVEN DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE NAME	P MAJORS, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	10926 BRUCCHAVEN DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE NAME	T ANGELONI, HOWIE	<input type="checkbox"/> Delete
STREET ADDRESS	10935 BRUCEHAVEN DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Karen Majors* 2-25-06