


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 037 ****61.25

DOCUMENT # N32784			
1. Entity Name BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 14813 TURNER RD TAMPA FL 33624 US		Mailing Address 14813 TURNER RD TAMPA FL 33624 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0179939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HELLOIG, DENISE 14813 TURNER RD TAMPA FL 33624		Denise Helbig	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Denise Helbig Denise Helbig 4/16/07
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Secretary	NAME DINTZ, STELLA	TITLE	NAME
STREET ADDRESS 10937 CARNELIAN LN.	CITY-ST-ZIP RIVERVIEW FL 33569	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Director <i>Secretary</i>	NAME BAJNATH, JONAH	TITLE	NAME
STREET ADDRESS 10912 BRUCEHAVEN DR	CITY-ST-ZIP RIVERVIEW FL 33569	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>P resident</i>	NAME MAJORS, KAREN	TITLE	NAME
STREET ADDRESS 10926 BRUCEHAVEN DRIVE	CITY-ST-ZIP RIVERVIEW FL 33569	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>Treasurer</i>	NAME ANGELONI, HOWIE	TITLE	NAME
STREET ADDRESS 10935 BRUCEHAVEN DR.	CITY-ST-ZIP RIVERVIEW FL 33569	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>Director</i> mark Urbanik 10914 Peppersong Drive Riverview FL 33569
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>Director</i> Nancy Resquera 10823 Kenbrook Riverview FL 33569

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 E. Majors 3-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date