

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90006 040 ****61.25



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

Principal Place of Business Mailing Address
14813 TURNER RD **14813 TURNER RD**
TAMPA FL 33624 **TAMPA FL 33624**
US **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 (10/07)
 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
HELBIG, DENISE
14813 TURNER RD
TAMPA FL 33624

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Denise Helbig* *[Signature]* *2/7/08*
Signature, typed or printed name of registered agent and of applicable. (NOTE: Registered Agent Signature required when registering.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	S	<input type="checkbox"/> Delete
NAME	BAJNATH, JONAH	
STREET ADDRESS	10912 BRUCEHAVEN DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAJORS, KAREN	
STREET ADDRESS	10926 BRUCCHAVEN DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELONI, HOWIE	
STREET ADDRESS	10935 BRUCEHAVEN DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	URBANIAK, MARK	
STREET ADDRESS	10914 PEPPERSONG DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PESQUERA, NANCY	
STREET ADDRESS	10823 KENBROOK	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 E. Majors* *2-5-08*