

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90196 043 ****61.25

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



Principal Place of Business
**POST OFFICE BOX 165
RIVERVIEW FL 33568
US**

Mailing Address
**P O BOX 165
RIVERVIEW FL 33568
US**

2. Principal Place of Business
P.O. Box 2692
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2692
Suite, Apt. #, etc.

City & State
Riverview FL

City & State
Riverview FL

Zip
33568 Country
USA

Zip
33568 Country
USA

CHECK HERE IF MAKING CHANGES

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEYN, STEVE	
STREET ADDRESS	10910 PEPPERSONG DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, BEVERLY	
STREET ADDRESS	6107 CRICKET HOLLOW	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJORS, KAREN	
STREET ADDRESS	10926 BRUCCHAVEN DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, JUDITH	
STREET ADDRESS	6110 BECKLIN PL	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stella Moon	
STREET ADDRESS	10937 Carnelian Lane	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mercedes Essmann	
STREET ADDRESS	10922 Fenway Glen	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Digna Perez	
STREET ADDRESS	10925 Brucehaven Dr	
CITY-ST-ZIP	Riverview FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Mills	
STREET ADDRESS	10935 Brucehaven Dr	
CITY-ST-ZIP	Riverview FL 33569	
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 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: **SIGNATURE REQUIRED** 2-12-03

CR2E037 (10/02)