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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005774 (3)

1. Corporation Name
BLOOMINGDALE - CC HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
611 WEST BAY ST. TAMPA FL 33606 611 WEST BAY ST. TAMPA FL 33606-2703

3. Date Incorporated or Qualified 12/07/1995 3a. Date of Last Report 05/21/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P. O. Box 489
22 City & State 27 Riverview, FL
23 Zip Country 28 33568-0489 29 Hillsborough
24 25 30

4. FEI Number 65-0660783 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent
CROSS, GLEN E
611 WEST BAY ST.
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 and 2.1-2.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and a Change/Addition checkbox.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] GLEN E. Cross 3/28/97 813-672-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047355

CR2E037 (9/96)