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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005774

1. Corporation Name

BLOOMINGDALE - CC HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

~~611 WEST BAY ST.~~
~~TAMPA FL 33606~~

Mailing Address

~~PO BOX 489~~
~~RIVERVIEW FL 33568-0489~~
 US



2. Principal Place of Business

21 3550 Buschwood Park Dr

Suite, Apt. #, etc.

22 Suite 135

City & State

23 Tampa, FL

Zip

24 33618

Country

25 US

2a. Mailing Address

26 3550 Buschwood Park Dr

Suite, Apt. #, etc.

27 Suite 135

City & State

28 Tampa, FL

Zip

29 33618

Country

30 US

3. Date Incorporated or Qualified

12/07/1995

4. FEI Number

65-0660783

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Pete Williams

82 Street Address (P.O. Box Number is Not Acceptable)

3550 Buschwood Park Drive

83 Suite 135

84 City

Tampa

FL

85 Zip Code

33618

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

Pete Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ DELETE

NAME ~~CROSS, GLEN E~~

STREET ADDRESS ~~P. O. BOX 489 N/A~~

CITY-ST-ZIP ~~RIVERVIEW FL~~

TITLE ~~VD~~ DELETE

NAME ~~WHITLOW, MICHAEL~~

STREET ADDRESS ~~PO BOX 489 N/A~~

CITY-ST-ZIP ~~RIVERVIEW FL~~

TITLE ~~STD~~ DELETE

NAME ~~MILLS, D. KAY~~

STREET ADDRESS ~~PO BOX 489 N/A~~

CITY-ST-ZIP ~~RIVERVIEW FL~~

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME PD

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME VD

4.3 STREET ADDRESS CUSTARD, GALEW

4.4 CITY-ST-ZIP 611 W BAY ST.

5.1 TITLE Change Addition

5.2 NAME Williams Pete

5.3 STREET ADDRESS 3550 BUSCHWOOD PARK DR #135

5.4 CITY-ST-ZIP TAMPA, FL 33618

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Secretary

3/9/99

813
932-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)