

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90022 009 ****61.25

DOCUMENT # N95000005774

1. Entity Name

BLOOMINGDALE - CC HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3550 BUSCHWOOD PARK DR
 STE 135
 TAMPA FL 33618
 US**

**3550 BUSCHWOOD PARK DR
 STE 135
 TAMPA FL 33618
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660783

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, PETE
 3550 BUSCHWOOD PARK DR
 STE 135
 TAMPA FL 33618**

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.

SIGNATURE _____

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

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD WERP, MICHAEL**
 STREET ADDRESS **2406 GROVEWAY DR**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME **ST Swartwood, Richard Jr.**
 STREET ADDRESS **4605 Riverclose Boulevard**
 CITY-ST-ZIP **Valrico, FL 33594**

TITLE Delete
 NAME **STD JONES, TERESA**
 STREET ADDRESS **4612 COMAPASS OAKS DR**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME **PID**
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME **D HARRIS, HOLLY**
 STREET ADDRESS **2208 LONGMORE CIR**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME **D Shay, Linda**
 STREET ADDRESS **4608' Compass Oaks Drive**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change 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: **TERESA JONES, President** *TERESA JONES* **4/16/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)