

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005774

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: BLOOMINGDALE - CC HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

3550 BUSCHWOOD PARK DR  
STE 135  
TAMPA, FL 33618 US

## New Principal Place of Business:

3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614 US

## Current Mailing Address:

3550 BUSCHWOOD PARK DR  
STE 135  
TAMPA, FL 33618 US

## New Mailing Address:

3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614 US

FEI Number: 65-0660783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WILLIAMS, PETE  
3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614

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:

04/21/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: STPD (X) Delete  
Name: SWARTWOOD, RICHARD JR  
Address: 4605 RIVERCLOSE BLVD  
City-St-Zip: VALRICO, FL 33594

Title: PD ( ) Delete  
Name: JONES, TERESA  
Address: 4612 COMAPASS OAKS DR  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: SHAY, LINDA  
Address: 4608 COMPASS OAKS DRIVE  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: ROBERTO, BARBARA  
Address: 4419 RIVER CLOSE BLVD.  
City-St-Zip: VALRICO, FL 33594

Title: PD (X) Change ( ) Addition  
Name: SHAY, LINDA  
Address: 4608 COMPASS OAKS DRIVE  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. SHAY

PD

04/21/2003

Electronic Signature of Signing Officer or Director

Date