

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N96000000076 (7)
1. Corporation Name
BLOOMINGDALE - DD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 611 WEST BAY STREET TAMPA FL 33606	Mailing Address 611 WEST BAY STREET TAMPA FL 33606-2703
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3. Date Incorporated or Qualified 01/04/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 489	4. FEI Number 59-3374798	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 27 Riverview, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33568-0489	Country 30 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent
**CROSS, GLEN E
611 WEST BAY STREET
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
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSS, GLEN E		1.2 NAME Cross, Glen E.	
STREET ADDRESS 611 WEST BAY STREET		1.3 STREET ADDRESS P. O. Box 489 N/A	
CITY-ST-ZIP TAMPA FL 33606		1.4 CITY-ST-ZIP Riverview, FL 33568-0489	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUSTARD, GALEN		2.2 NAME Whitlow, Michael	
STREET ADDRESS 611 WEST BAY STREET		2.3 STREET ADDRESS P. O. Box 489 N/A	
CITY-ST-ZIP TAMPA FL 33606		2.4 CITY-ST-ZIP Riverview, FL 33568-0489	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLSOM, NOREEN S		3.2 NAME Mills, D. Kay	
STREET ADDRESS 611 WEST BAY STREET		3.3 STREET ADDRESS P. O. Box 489 N/A	
CITY-ST-ZIP TAMPA FL 33606		3.4 CITY-ST-ZIP Riverview, FL 33568-0489	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Cross, Glen E.	
STREET ADDRESS P. O. Box 489 N/A	
CITY-ST-ZIP Riverview, FL 33568-0489	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Whitlow, Michael	
STREET ADDRESS P. O. Box 489 N/A	
CITY-ST-ZIP Riverview, FL 33568-0489	
TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mills, D. Kay	
STREET ADDRESS P. O. Box 489 N/A	
CITY-ST-ZIP Riverview, FL 33568-0489	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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	

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:  **Glen E. Cross** 3/28/97 813 672-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047359

CR2E037 (9/96)