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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000076

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

Principal Place of Business

611 WEST BAY STREET
TAMPA FL 33606

Mailing Address

PO BOX 489
RIVERVIEW FL 33568-0489
US



2. Principal Place of Business

21 3550 Buschwood Pk. Dr.

Suite, Apt. #, etc.

22 135

City & State

23 TAMPA FL

Zip Country

24 33618 25

2a. Mailing Address

26 3550 Buschwood Pk. Dr.

Suite, Apt. #, etc.

27 135

City & State

28 TAMPA, FL

Zip Country

29 33618 30 US

3. Date Incorporated or Qualified

01/04/1996

4. FEI Number

59-3374798

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 STREET
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

Pete Williams

2/24/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME CROSS, GLEN E
STREET ADDRESS PO 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 PD Change Addition
2.2 NAME
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 VD Change Addition
4.2 NAME CUSTARD, GALEN
4.3 STREET ADDRESS 611 W. BAY ST.
4.4 CITY-ST-ZIP TAMPA, FL 33606

5.1 TITLE STD Change Addition
5.2 NAME Williams Pete
5.3 STREET ADDRESS 3550 BUSCHWOOD Pk. 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: *Pete Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

813
932-8488

Daytime Phone #

CR2E037 (11/98)