

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90046 040 ****61.25

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DOCUMENT # N96000000076

1. Entity Name

BLOOMINGDALE - DD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3550 BUSCHWOOD PK DR
 135
 TAMPA FL 33618

3550 BUSCHWOOD PK DR
 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

59-3374798

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 PK 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: PD
 NAME: WHITLOW, MICHAEL Delete
 STREET ADDRESS: PO BOX 489 N/A
 CITY-ST-ZIP: RIVERVIEW FL

TITLE: P.D.
 NAME: David Bedsole Change Addition
 STREET ADDRESS: 4607 Davenport Place
 CITY-ST-ZIP: Valrico, FL 33594

TITLE: VD
 NAME: CUSTARD, GALEN Delete
 STREET ADDRESS: 611 W BAY ST
 CITY-ST-ZIP: TAMPA FL 33606

TITLE: VP D
 NAME: Beth Kauffman Change Addition
 STREET ADDRESS: 4626 Davenport Place
 CITY-ST-ZIP: Valrico FL 33594

TITLE: STD
 NAME: WILLIAM, PETE Delete
 STREET ADDRESS: 3550 BUSCHWOOD PK DR #315
 CITY-ST-ZIP: TAMPA FL 33618

TITLE: S.T.D.
 NAME: Noemi Bruening Change Addition
 STREET ADDRESS: 2710 Brookville Drive
 CITY-ST-ZIP: Valrico, FL 33594

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

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 an other like empowerment.

SIGNATURE:

David Bedsole

4/4/02

813-661-9873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)