

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N96000000076

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

Current Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3374798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SMITH, APRIL R
Address: 2649 BROOKVILLE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: KAUFFMAN, BETH
Address: 4626 DAVENTRY PLACE
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: BRUENING, NOEMI
Address: 2710 BROOKVILLE DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: GONZALES, ANGEL
Address: 4809 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: PD (X) Change () Addition
Name: DAW, RICHARD
Address: 2616 VINEDALE AVE.
City-St-Zip: VALRICO, FL 33594

Title: VD (X) Change () Addition
Name: GIBBS, SEAN
Address: 4806 PORTOBELLO CIRCLE
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: RICHARD DAW

PD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date