## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N9600000076

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

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3550 BUSCHWOOD PK DR 3434 COLWELL AVE.

135 SUITE 200 TAMPA, FL 33618 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

3550 BUSCHWOOD PK DR 3434 COLWELL AVE.

35 SUITE 200

TAMPA, FL 33618 US TAMPA, FL 33614 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 BESOLE, DAVID
 Name:
 SMITH, APRIL R

 Address:
 4607 DAVENTRY PLACE
 Address:
 2649 BROOKVILLE DRIVE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: VD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 KAUFFMAN, BETH
 Name:
 KAUFFMAN, BETH

 Address:
 4626 DAVENTRY PLACE
 Address:
 4626 DAVENTRY PLACE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: STD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 BRUENING, NOEMI
 Name:
 BRUENING, NOEMI

 Address:
 2710 BROOKVILLE DRIVE
 Address:
 2710 BROOKVILLE DRIVE

 City-St-Zip:
 VALRICO, FL 33594
 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: BETH KAUFMANN PD 04/21/2003