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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90076 021 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **N97 00000 5947 ✓**
 1. Corporation Name
Bloomingdale EE Homeowners Association, Inc.

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 555904 - 90076 - 21

Principal Place of Business Mailing Address
3550 Buschwood Park Dr. Suite 135 Tampa, FL 33618
3550 Buschwood Park Dr. Suite 135 Tampa, FL 33618

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/20/97
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3501006 ✓ Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Pete Williams 3550 Buschwood Park Drive Suite 135 Tampa, FL 33618		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL	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: *Pete Williams* DATE: **4/27/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Whitlow, MIKE		1.2 NAME	
STREET ADDRESS 611 W. BAY ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33606		1.4 CITY-ST-ZIP	
TITLE T/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUSTARD, GALEN		2.2 NAME	
STREET ADDRESS 611 W. BAY ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33606		2.4 CITY-ST-ZIP	
TITLE S/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Williams, Pete		3.2 NAME	
STREET ADDRESS 3550 BUSCHWOOD PARK DR #135		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33618		3.4 CITY-ST-ZIP	
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	

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* DATE: **4/27/99** DAYTIME PHONE #: **813-932-8488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)