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Sep 24, 1999 8:00 am  
Secretary of State

09-24-1999 90013 007 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002886

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



Principal Place of Business 611 W. BAY ST. TAMPA, FL - 33606	Mailing Address 611 W. BAY ST. TAMPA, FL - 33606
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2. Principal Place of Business 21 3550 Buschwood Pk Dr Suite, Apt. #, etc. 22 #135 City & State 23 TAMPA, FL Zip 24 33618	2a. Mailing Address 26 3550 Buschwood Pk Dr Suite, Apt. #, etc. 27 #135 City & State 28 TAMPA, FL Zip 29 33618	Country 25 USA 30 USA	3. Date Incorporated or Qualified 05/18/1998	4. FEI Number 59-3596345 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MOLLOY, DANIEL L 325 S. BLVD. TAMPA FL 33606	10. Name and Address of New Registered Agent 81 Name F. Peter Williams 82 Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Dr 83 SUITE 135 84 City TAMPA 85 Zip Code FL 33618
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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 F. Peter Williams DATE 9/8/99  
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 PD <input checked="" type="checkbox"/> DELETE	NAME CROSS, GLEN E	1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME RILEY TUCKER
STREET ADDRESS 611 W. BAY ST.	CITY-ST-ZIP TAMPA FL 33606	1.3 STREET ADDRESS P.O. Box 637 N/A	1.4 CITY-ST-ZIP Brandon, FL 33509
TITLE VD <input type="checkbox"/> DELETE	NAME CUSTARD, GALEN	2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME TOM THURMAN
STREET ADDRESS 611 W. BAY ST.	CITY-ST-ZIP TAMPA FL 33606	2.3 STREET ADDRESS P.O. Box 637 N/A	2.4 CITY-ST-ZIP Brandon, FL 33509
TITLE STD <input type="checkbox"/> DELETE	NAME WHITLOW, MIKE	3.1 TITLE STD <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME F. Peter Williams
STREET ADDRESS 611 W. BAY ST.	CITY-ST-ZIP TAMPA FL 33606	3.3 STREET ADDRESS 3550 BUSCHWOOD PARK DR. #135	3.4 CITY-ST-ZIP TAMPA, FL 33618
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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: [Signature] DATE 9/8/99 DAYTIME PHONE # (813) 932-8488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)