


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002886

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



Principal Place of Business Mailing Address

**776 W LUMSDEN RD
 SUITE 107
 BRANDON, FL 33511 US**

**P.O. BOX 462
 VALRICO, FL 33594 US**

DO NOT WRITE IN THIS SPACE



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3596345

Applied For
 Not Applicable

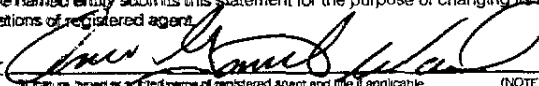
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARRETT-WARD, ANNE
 2518 CENTENNIAL FALCON DR
 VALRICO, FL 33594**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARRETT-WARD, ANNE 2518 CENTENNIAL FALCON DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM COPE, RONALD 2521 CENTENNIAL FALCON DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMD PARRISH, STEPHEN 2518 CENTENNIAL FALCON DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOODSON, DALE 2528 CENTENNIAL FALCON DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/17/05-80032-007 61.25

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 all other like empowered.

SIGNATURE:  DATE 3/15/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR