**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**
95 APR 18 PM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753946 (3)

1. Corporation Name
**BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3232 LITHIA PINECREST RD #101<br>VALRICO FL 33594 | 3232 LITHIA PINECREST RD #101<br>VALRICO FL 33594 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2586385 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

HOLSONBACK, JOHN
406 E MADISON ST
TAMPA FL 33602

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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 | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WOLFE, RANDY | 1.2 NAME | RADEL, PAT | |
| STREET ADDRESS | 1263 LORNEWOOD DR. | 1.3 STREET ADDRESS | 4002 SWEETLEAF DRIVE | |
| CITY-ST-ZIP | VALRICO FL 33594 | 1.4 CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | ~~D~~ | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~CAMPBELL, JEFF~~ | 2.2 NAME | WYATT, LAWAYNE | |
| STREET ADDRESS | ~~2632 WRENCREST DR~~ | 2.3 STREET ADDRESS | 547 EMBERWOOD DRIVE | |
| CITY-ST-ZIP | ~~BRANDON FL~~ | 2.4 CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | ~~SD~~ | 3.1 TITLE | VP/D | ☒ Change ☐ Addition |
| NAME | ~~OROS, RICK~~ | 3.2 NAME | OROS, RICK | |
| STREET ADDRESS | ~~4017 PADDLEWHEEL DR~~ | 3.3 STREET ADDRESS | 4017 PADDLEWHEEL DRIVE | |
| CITY-ST-ZIP | ~~BRANDON FL~~ | 3.4 CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | TD | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WILEY, JAMES | 4.2 NAME | DAVIS, MICHAEL | |
| STREET ADDRESS | ~~1220 LORNEWOOD DR.~~ 1210 LORNEWOOD DR. | 4.3 STREET ADDRESS | 2248 EAGLE BLUFF | |
| CITY-ST-ZIP | VALRICO FL 33594 | 4.4 CITY-ST-ZIP | VALRICO, FL 33594 | |
| TITLE | ~~VD~~ D | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GRABLE, TED | 5.2 NAME | RUSSELL, LUANA | |
| STREET ADDRESS | 417 VAN REED MANOR DR. | 5.3 STREET ADDRESS | 3834 COLD CREEK DRIVE | |
| CITY-ST-ZIP | BRANDON FL 33511 | 5.4 CITY-ST-ZIP | VALRICO, FL 33594 | |
| TITLE | ~~D~~ | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~LEES, DAVID~~ | 6.2 NAME | UNDERWOOD, ANN | |
| STREET ADDRESS | ~~3913 ROSEDALE DR~~ | 6.3 STREET ADDRESS | 1004 CAMEO CREST LANE | |
| CITY-ST-ZIP | ~~BRANDON FL~~ | 6.4 CITY-ST-ZIP | VALRICO, FL 33594 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** Randolph J. Wolfe 4/11/95 813-229-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Randolph J. Wolfe, President

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