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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 753946

1. Corporation Name

BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3240 LITHIA PINECREST RD
#103
VALRICO FL 33594
US

Mailing Address

3240 LITHIA PINECREST RD
#103
VALRICO FL 33594
US

2. Principal Place of Business

21 3509 Bell Shoals Rd.

2a. Mailing Address

26 3509 Bell Shoals Rd.

3. Date Incorporated or Qualified

08/26/1980

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2586385

Applied For

Not Applicable

23 City & State
Valrico Florida

28 City & State
Valrico Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country
33594 USA

29 Zip Country
33594 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, RANDOLPH J
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WOLFE, RANDY
STREET ADDRESS 1263 LORNEWOOD DRIVE
CITY-ST-ZIP VALRICO FL 33594

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RADEL, PAT
STREET ADDRESS 4002 SWEETLEAF DRIVE
CITY-ST-ZIP BRANDON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRABLE, TED
STREET ADDRESS 417 VAN REED MANOR DRIVE
CITY-ST-ZIP BRANDON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME UNDERWOOD, ANN
STREET ADDRESS 1004 CAMCO CREST LANE
CITY-ST-ZIP VALRICO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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:

Randy Wolfe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wolfe, President 1/1/99 (813) 229-3321
Date Daytime Phone #

CR2E037 (11/98)