

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753946

1. Entity Name

BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3509 BELL SHOALS ROAD
VALRICO FL 33594
US

3509 BELL SHOALS ROAD
VALRICO FL 33594
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2586385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIGUORI, JOSEPH M
3509 BELL SHOALS ROAD
VALRICO FL 33594

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME GRABLE, TED
STREET ADDRESS 4316 GLENDON PLACE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME RADEL, PAT
STREET ADDRESS 4002 SWEETLEAF DRIVE
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE V
NAME JASCZAK, LEN
STREET ADDRESS 2113 GOLF MANOR DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME BIDDLE, RODNEY
STREET ADDRESS 4024 EAGLES NEST DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME DIOLosa, TONY
STREET ADDRESS 1902 RIVER CROSSING DR.
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME HICKLE, JOE
STREET ADDRESS 1405 MONTE LAKE DR.
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE Treasurer
NAME Pam Liguori
STREET ADDRESS 1522 Dumont Dr.
CITY-ST-ZIP Valrico FL 33594 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 02 813-681-2057

CR2E037 (9/01)

0001552

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90025 031 *****61.25



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