

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90240 047 ****70.00

DOCUMENT # 753946 1. Entity Name BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3509 BELL SHOALS ROAD VALRICO, FL 33594 US			Mailing Address 3509 BELL SHOALS ROAD VALRICO, FL 33594 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2586385			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIGUORI, JOSEPH M 3509 BELL SHOALS ROAD VALRICO, FL 33594			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when relocating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRABLE, TED 4316 GLENDON PLACE VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABALLER, MICHELLE 4105 FALLON COURT BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pam Liguori 1522 Dumont Drive Valrico, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKLE, JOE 1405 MONTE ALKE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHTOWER, BILLY 708 ISLETON DRIVE BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tony Diolosa 1902 River Crossing Drive Valrico, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKEL, STEVE 517 SANDY CREEK DRIVE BRANDON, FL 33511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEHRMEYER, CHERYL 3707 TREELINE DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lydia Harrod 503 Sandy Creek Drive Brandon, FL 33511	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:		Ted Grable		02/07/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President		813-417-3332 <small>Daytime Phone #</small>	

ATTACHMENT

50020853
753946

Bloomingdale Homeowners Association, Inc.

3509 Bell Shoals Road
Valrico, FL 33594
(813) 681-2051

Serving the Bloomingdale Communities

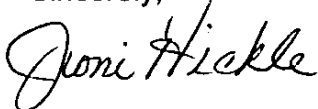
February 21, 2005

Division of Corporations
P O Box 6327-
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is a copy of the correspondence sent to you on February 7, 2005, for the filing of our "2005 Not-For-Profit Corporation" Annual Report. In checking our records this was mailed without enclosing our check for the annual fee. Enclosed is our check number 1967 in the amount of \$70.00 which covers the filing fee of \$61.25 and Certificate of Status of \$8.75. Sorry for the inconvenience.

Sincerely,



Joni Hickle, Office Administrator
Bloomingdale Homeowners Association

Enclosure

ATTACHMENT

50220853
#753946

Bloomingdale Homeowners Association, Inc.

3509 Bell Shoals Road
Valrico, FL 33594
(813) 681-2051

Serving the Bloomingdale Communities

February 7, 2005

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find our "2005 Not-For-Profit Corporation" Annual Report. It contains changes to our Board of Directors but only has room for six Directors. Our board is currently made up of eleven Directors. Below you will find the names and address of the additional Directors:

Title: Director Name: Dale Kahn Address: 2307 Timbergrove Drive City-St-Zip: Valrico, FL 33594	Title: Director Name: Jane Lee Address: 1204 Rainbrook Circle City-St-Zip: Valrico, FL 33594
Title: Director Name: Myron Magedanz Address: 4005 Orangefield Place City-St-Zip: Valrico, FL 33594	Title: Director Name: Stanley Lee Address: 1204 Rainbrook Circle City-St-Zip: Valrico, FL 33594
Title: Director Name: Kennard Pyse Address: 4322 Glendon Place City-St-Zip: Valrico, FL 33594	This space intentionally left blank

Sincerely,



Ted Grable, President
Bloomingdale Homeowners Association

TG/jbh
Enclosure

Mailed 2/7/05