2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90110 015 ****61.25

DOCUMENT # 753946

1. Entity Name
BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3509 BELL SHOALS ROAD VALRICO, FL 33596 US	3509 BELL SHOALS ROAD VALRICO, FL 33596 US

04212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
WILSON, DERRY E 3509 BELL SHOALS ROAD VALRICO, FL 33596	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 _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKLE, JOE 1405 MONTE LAKE DR VALRICO FL 33596	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T LIGUORI, PAM 1522 DUMONT DRIVE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HICKLE, JOE 1405 MONTE ALKE DRIVE VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STAN LEE 1204 RAINBROOK CIRCLE VALRICO FL 33596	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUMAN, TIMOTHY 3821 CLOVERHILL CT BRANDON, FL 33511	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE MAY 3708 TREELINE DR VALRICO FL 33596	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HECKEL, STEVE 4127 MORELAND DR VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DON GREVERT 1233 LONGWOOD DR VALRICO FL 33596	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARROD, LYDIA 503 SANDY CREEK DRIVE BRANDON, FL 33511	☐ Delete	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 exemptions contained in Chapter 119, 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: Derry E Wilson 4/24/08 813 681 2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #