

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90136 033 \*\*\*\*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.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



☒ CHECK HERE IF MAKING CHANGES

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  
**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 \_\_\_\_\_  
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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRABLE, TED</b>	
STREET ADDRESS	<b>4316 GLENDON PLACE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RADEL, PAT</b>	
STREET ADDRESS	<b>4002 SWEETLEAF DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JASCZAK, LEN</b>	
STREET ADDRESS	<b>2113 GOLF MANOR DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BIDDLE, ROONEY</b>	
STREET ADDRESS	<b>4024 EAGLES NEST DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIOLOSA, TONY</b>	
STREET ADDRESS	<b>1902 RIVER CROSSING DR.</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HICKLE, JOE</b>	
STREET ADDRESS	<b>1405 MONTE LAKE DR.</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Caballer, Michelle</b>	
STREET ADDRESS	<b>4105 Fallon Court</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Harrod, Lydia</b>	
STREET ADDRESS	<b>503 Sandy Creek Drive</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hightower, Billy</b>	
STREET ADDRESS	<b>708 Isleton Drive</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kehrmeyer, Cheryl</b>	
STREET ADDRESS	<b>3707 Treeline Drive</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lee, Jane</b>	
STREET ADDRESS	<b>1204 Rainbrook Circle</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lee, Stanley</b>	
STREET ADDRESS	<b>1204 Rainbrook Circle</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	

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: *Theodore Grable* **Theodore Grable** 7/24/03

0012129

CR2E037 (4/03)

Attachment #

90147318

733946

Section 11 Additions/Changes to Officers and Directors in Section 10:

Director	Addition
Liguori, Pam	
1522 Dumont Drive	
Valrico, FL 33594	

Director	Addition
Heckel, Steve	
517 Sandy Creek Drive	
Brandon, FL 33511	