FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753946 (3)

1. Corporation Name
BLOOMINGDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3232 LITHIA PINECREST RD #101 VALRICO FL 33594	3232 LITHIA PINECREST RD #101 VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2586385 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOLSONBACK, JOHN
406 E MADISON ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WOLFE, RANDY	1.2 NAME	RADEL, PAT	
STREET ADDRESS	1263 LORNEWOOD DR.	1.3 STREET ADDRESS	4002 SWEETLEAF DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	~~D~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~CAMPBELL, JEFF~~	2.2 NAME	WYATT, LAWAYNE	
STREET ADDRESS	~~2632 WRENCREST DR~~	2.3 STREET ADDRESS	547 EMBERWOOD DRIVE	
CITY-ST-ZIP	~~BRANDON FL~~	2.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	~~SD~~	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	~~OROS, RICK~~	3.2 NAME	OROS, RICK	
STREET ADDRESS	~~4017 PADDLEWHEEL DR~~	3.3 STREET ADDRESS	4017 PADDLEWHEEL DRIVE	
CITY-ST-ZIP	~~BRANDON FL~~	3.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	TD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WILEY, JAMES	4.2 NAME	DAVIS, MICHAEL	
STREET ADDRESS	~~1220 LORNEWOOD DR.~~ 1210 LORNEWOOD DR.	4.3 STREET ADDRESS	2248 EAGLE BLUFF	
CITY-ST-ZIP	VALRICO FL 33594	4.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	~~VD~~ D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GRABLE, TED	5.2 NAME	RUSSELL, LUANA	
STREET ADDRESS	417 VAN REED MANOR DR.	5.3 STREET ADDRESS	3834 COLD CREEK DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	~~D~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~LEES, DAVID~~	6.2 NAME	UNDERWOOD, ANN	
STREET ADDRESS	~~3913 ROSEDALE DR~~	6.3 STREET ADDRESS	1004 CAMEO CREST LANE	
CITY-ST-ZIP	~~BRANDON FL~~	6.4 CITY-ST-ZIP	VALRICO, FL 33594	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Randolph J. Wolfe 4/11/95 813-229-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Randolph J. Wolfe, President

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