

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:38

DOCUMENT # **G41243**

(8)

1. Corporation Name

**BLOOMFIELD HOMES, INC.**

Principal Place of Business

2499 GLADGES RD #202  
BOCA RATON FL 33431

Mailing Address

2499 GLADGES RD #202  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1983

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2300106

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

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2295 Corp. Blvd NW

2a. Mailing Address

26 2295 Corp. Blvd NW

Suite, Apt., #, etc.

22 110

Suite, Apt., #, etc.

27 110

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

Zip

24 33431

Country

25 USA

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

HASEY, MARTIN J.  
2500 N MILITARY TRAIL #260  
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registration)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | HASEY, WILLIAM J JR |
| STREET ADDRESS | 2178 NW 30TH RD     |
| CITY-ST-ZIP    | BOCA RATON FL       |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS | 2295 Corp. Blvd. NW #110                                                     |
| 14 CITY-ST-ZIP    | Boca Raton, FL 33431                                                         |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY-ST-ZIP    |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY-ST-ZIP    |                                                                              |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY-ST-ZIP    |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY-ST-ZIP    |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY-ST-ZIP    |                                                                              |

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 199.032(2)(b), 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 secretary or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-16-95

(407) 241-7444