

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006616

FILED
Mar 08, 2007
Secretary of State

Entity Name: ESTATES AT BLOOMINGDALE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6274
BRANDON, FL 33508 US

New Principal Place of Business:

HURLEY POND LANE
VALRICO, FL 33508 US

Current Mailing Address:

P.O. BOX 6274
BRANDON, FL 33508 US

New Mailing Address:

FEI Number: 59-6746643 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GORE, KYM
3204 HURLEY GROVE WAY
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

DUBRAVEC, JOHN
1420 HURLEY POND LANE
VALRICO, FL 33594 US

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.

SIGNATURE: JOHN D. DUBRAVEC

03/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORE, KYM
Address: 3204 HURLEY GROVE WAY
City-St-Zip: VALRICO, FL 33594 US

Title: TD () Delete
Name: SLOMIANY, JIM
Address: 1419 HURLEY POND
City-St-Zip: VALRICO, FL 33594 US

Title: VD () Delete
Name: BYNUM, KEVIN
Address: 3215 HURLEY GROVE WAY
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUBRAVEC, JOHN
Address: 1420 HURLEY POND LANE
City-St-Zip: VALRICO, FL 33594 US

Title: TD (X) Change () Addition
Name: SLOMIANY, JIM
Address: 1419 HURLEY POND LANE
City-St-Zip: VALRICO, FL 33594 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. DUBRAVEC

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date