

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000430

FILED
Mar 26, 2010
Secretary of State

Entity Name: BLOSSOM PARK VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

284 EAST LONG CREEK COVE
LONGWOOD, FL 32750

New Principal Place of Business:

5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819

Current Mailing Address:

284 EAST LONG CREEK COVE
LONGWOOD, FL 32750

New Mailing Address:

5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819

FEI Number: 20-0602753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD., #450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD
#450
ORLANDO, FL 32819 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: RONALD DUPREY

03/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MACGREGOR, BARBARA
Address: 3028 PARKWAY BLVD. # 106
City-St-Zip: KISSIMMEE, FL 34747

Title: VPD
Name: GIAVONNI, ALTANO
Address: 3000 PARKWAY BOULEVARD
City-St-Zip: KISSIMMEE, FL 34747

Title: TD
Name: DELBROCCO, DAVID A
Address: 3016 PARKWAY BLVD. # 106
City-St-Zip: KISSIMMEE, FL 34747

I hereby 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 all other like empowered.

SIGNATURE: BARBARA MACGREGOR

P

03/26/2010

Electronic Signature of Signing Officer or Director

Date