
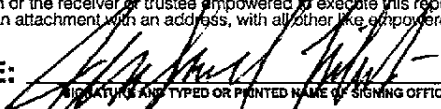


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000597		
1. Entity Name BLOOMING GROVE ESTATES SUBDIVISION ASSOCIATION, INC.		
Principal Place of Business 3752 AZALEA LN SARASOTA, FL 34240	Mailing Address 3752 AZALEA LN SARASOTA, FL 34240	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOORE, ROBERT L 227 NOKOMIS AVE S VENICE, FL 34285		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and 50a if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THOMSEN, DAVID 3752 AZALEA LN SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV THOMSEN, MICHELLE 3752 AZALEA LN SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TISDALE, MICHAEL 3752 AZALEA LN SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Michael Tisdale 4-20-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-3424078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000538243
05/09/06-80050-003 61.25