DONALD A BYRD CPA PA 813 873 8894

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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90478 041 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000001481

1. Entity Name
BLOOMFIELD HILLS OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.

50017660

Principal Place of Business	Mailing Address
4300 W CYPRESS ST SUITE 150 TAMPA, FL 33607	4300 W CYPRESS ST SUITE 150 TAMPA, FL 33607

03152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
401 S. ALBANY AVE	401 S. ALBANY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33606 Country	Zip: 33606 Country

4. FEI Number: 20-1929908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINER, NELSON C 4300 W CYPRESS ST STE 150 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	401 S ALBANY AVE TAMPA, FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINER, ALFREDO E II 4300 W CYPRESS CT, STE 150 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	401 S ALBANY AVE TAMPA, FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAMALDI, TERRY 4300 W CYPRESS ST STE 150 TAMPA, FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHEW STEINER 401 S ALBANY TAMPA, FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-27-06 813 737 9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #