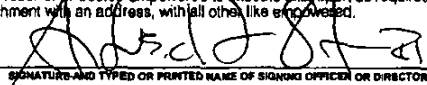


FILED
May 01, 2006 8:00 am
Secretary of State

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.			
Principal Place of Business 4300 W CYPRESS ST SUITE 150 TAMPA, FL 33607		Mailing Address 4300 W CYPRESS ST SUITE 150 TAMPA, FL 33607	
2. Principal Place of Business 401 S. ALBANY AVE Suite, Apt. #, etc.		3. Mailing Address 401 S. ALBANY AVE Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33606		Zip 33606	
Country		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 JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)			
Filing Fee is \$81.25 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	D STEINER, NELSON C STREET ADDRESS 4300 W CYPRESS ST STE 150 CITY-ST-ZIP TAMPA, FL 33607	☐ Delete	☒ Change ☐ Addition
TITLE	D STEINER, ALFREDO E II STREET ADDRESS 4300 W CYPRESS CT, STE 150 CITY-ST-ZIP TAMPA, FL 33607	☐ Delete	☒ Change ☐ Addition
TITLE	D CRAMALDI, TERRY STREET ADDRESS 4300 W CYPRESS ST STE 150 CITY-ST-ZIP TAMPA, FL 33607	☒ Delete	☐ Change ☒ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 817, 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 enclosed.			
SIGNATURE: 		Date: 4-27-06 Daytime Phone: 813 737 9060	

50017660



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