2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001481

FILED Sep 05, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 10305 BLOOMFIELD HILLS DRIVE SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** P. O. BOX 367 THONOTOSASSA, FL 33584 FEI Number: 20-1929908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, ELLEN G 10305 BLOOMFIELD HILLS DRIVE SEFFNER, FL 33584 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MURPHY, ELLEN G Name: Name: 10305 BLOOMFIELD HILLS DRIVE Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: () Delete Title: (X) Change () Addition MALINO, MIGUEL Name: MOHAMED, DABBAGH Name: Address: 10305 BLOOMFIELD HILLS DRIVE Address: 10309 BLOOMFIELD HILLS DRIVE City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change () Addition PRIDE, LISA Name: Name: 10305 BLOOMFIELD HILLS DRIVE Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD Name: MEATTY, LINDA Name: ORIS, STILLINGS 10305 BLOOMFIELD HILLS DRIVE 10305 BLOOMFIELD HILLS DRIVE Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: (X) Change () Addition SEELALL, CHRIS SIZLER, ALVIN D Name: Name: 10305 BLOOMFIELD HILLS DRIVE 10106 BLOOMFIELD HILLS DRIVE Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify 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: ALVIN D. SIZLER TD 09/05/2007