

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001481

FILED  
Aug 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

10466 BLOOMFIELD HILLS DRIVE  
SEFFNER, FL 33584

**New Principal Place of Business:**

10106 BLOOMFIELD HILLS DR  
SEFFNER, FL 33584

**Current Mailing Address:**

P. O. BOX 367  
THONOTOSASSA, FL 33584

**New Mailing Address:**

P. O. BOX 367  
THONOTOSASSA, FL 33592

**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:**

HUGGINS, THOMAS III  
10466 BLOOMFIELD HILLS DRIVE  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

SIZLER, ALVIN D  
10106 BLOOMFIELD HILLS DR  
SEFFNER, FL 33584 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: ALVIN D SIZLER

08/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUGGINS, THOMAS III  
Address: 10466 BLOOMFIELD HILLS DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: VPD ( ) Delete  
Name: SIZLER, ALVIN D  
Address: 10108 BLOOMFIELD HILLS DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: TD ( ) Delete  
Name: JACKSON, GREGORY  
Address: 10462 BLOOMFIELD HILLS DRIVE  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SIZLER, ALVIN D  
Address: 10106 BLOOMFIELD HILLS DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: VPD (X) Change ( ) Addition  
Name: INGRAM, SHERRI  
Address: 6806 BLOOMFIELD HAVEN PL  
City-St-Zip: SEFFNER, FL 33584

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PD

08/25/2009

Electronic Signature of Signing Officer or Director

Date