

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000001481

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

10106 BLOOMFIELD HILLS DR  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 367  
THONOTOSASSA, FL 33592

**New Mailing Address:**

**FEI Number:** 20-1929908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SIZLER, ALVIN D  
**Address:** 10106 BLOOMFIELD HILLS DRIVE  
**City-St-Zip:** SEFFNER, FL 33584

**Title:** VPD  
**Name:** INGRAM, SHERRI  
**Address:** PO BOX 367  
**City-St-Zip:** THONOTOSASSA, FL 33592

**Title:** TD  
**Name:** JACKSON, GREGORY  
**Address:** PO BOX 367  
**City-St-Zip:** THONOTOSASSA, FL 33592

I hereby 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 all other like empowered.

**SIGNATURE:** ALVIN D SIZLER

PD

03/28/2012

Electronic Signature of Signing Officer or Director

Date