

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005627

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** BLOOM CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5350 WEST ATLANTIC AVENUE  
SUITE 100  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5350 WEST ATLANTIC AVENUE  
SUITE 100  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 20-2968041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOOM, BETH L  
5350 WEST ATLANTIC AVE  
SUITE 100  
DELRAY BEACH, FL 33484 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BLOOM, BETH  
Address: 5350 WEST ATLANTIC AVENUE, SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

Title: SEC  
Name: BLOOM, DAVID  
Address: 5350 WEST ATLANTIC AVENUE, SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP  
Name: BLOOM, DAVID  
Address: 5350 WEST ATLANTIC AVENUE, SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

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: BETH BLOOM

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date