## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008706

FILED Apr 29, 2009 Secretary of State

Entity Name: VILLAGES OF BLOOMINGDALE CONDOMINIUM NO. 11 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5844 OLD PASCO ROAD 396 ALHAMBRA CIRCLE

SUITE 100 SUITE 230

WESLEY CHAPEL, FL 33544 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

5844 OLD PASCO ROAD 396 ALHAMBRA CIRCLE

SUITE 100 SUITE 230

WESLEY CHAPEL, FL 33544 US CORAL GABLES, FL 33134 US

FEI Number: 20-3360472 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RIZZETTA & COMPANY, INC.

5844 OLD PASCO ROAD

396 ALHAMBRA CIRCLE

SUITE 100 SUITE 230

WESLEY CHAPEL, FL 33544 US CORAL GABLES, FL 33134 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: TRYCIA ARENCIBIA 04/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: P (X) Change () Addition

Name: DISPENZA, SCOTT Name: VENTO, WILLIAM

Address: 9950 PRINCESS PALM AVENUE, SUITE 202 Address: 11030 N. KENDALL DRIVE SUITE 100

City-St-Zip: TAMPA, FL 33619 US City-St-Zip: MIAMI, FL 33176 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

Name: Name: AVILA, RIGO

Address: Address: 11030 N. KENDALL DRIVE SUITE 100

City-St-Zip: City-St-Zip: MIAMI, FL 33176 US

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: WILLIAM VENTO P 04/29/2009