

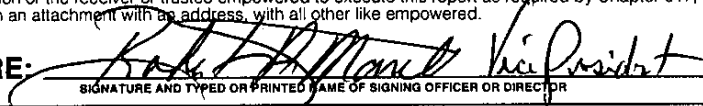


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90114 006 ****61.25

DOCUMENT # N26918 1. Entity Name BLOOMINGDALE RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 813 E. BLOOMINGDALE AVE. #146 BRANDON, FL 33511			Mailing Address PO BOX 1058 RUSKIN, FL 33575		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2949421	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, DEE A 409 E COLLEGE AVE RUSKIN, FL 33570			7. Name and Address of New Registered Agent Name SWARTWOOD, PAMELA Street Address (P.O. Box Number is Not Acceptable) 409 E COLLEGE AVE City RUSKIN FL Zip Code 33570		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  03-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOOS, CINDY 4005 ASPEN LED WAY VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUBAN, BERERLY 3914 NORTHRIDGE DR. VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAURELLO, ROBERT 2318 TIMBERGROVE DRIVE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALICKI, BETH 2210 HICKORY RIDGE DR. VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARONICKI, TED 4003 ASPEN LEAF WAY VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JAN SMITH 4003 HIDDEN PINES PLACE VALRICO FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOSEPH BETHONEY 2231 EAGLE BLUFF DR. VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT NEIDIG 4004 HIDDEN PINES PLACE VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROB MAURELLO 2318 TIMBERGROVE DR. VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		3-15-05		813-681-9783	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50029195



02102005 Chg-NP CR2E037 (10/03)

EA ADDITION