## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2006 8:00 am Secretary of State

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DOCUMENT # N26918  1. Entity Name BLOOMINGDALE RIDGE HOMEOWNERS ASSOCIATION, INC.						2-28-2006 90	-		
Principal Plac 813 E. BLOO BRANDON, F	MINGDALE AVE. #146	Mailing Address PO BOX 1058 RUSKIN, FL 33575			E ENDERFORM DIE FRE	N NGGAR (410) 410 SA 1612	: Budu andii Bibit	BOBUL BUBUL BUBU	lijel er (es)
2. Principal Place of Business 409 E. College Nuc		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02162006	hg-NP .	CR2E037	(11/05)	
Cing & State Ruskin, FL		City & State			4. FEI Number 59-2949421			<del></del>	oplied For of Applicable
<sup>Zip</sup> 33	570 Country	Zip	Country		5. Certificate of S			8.75 Add ee Require	
	6. Name and Address of Current			7. Name and Ad	dress of New R	egistered A	ent	2.2	
SWARTWOOD, PAMELA 409 E COLLEGE AVE				Name Low Ellen Wilson Street Address (P.O. Box Number is Not Acceptable)					
RUSKIN, F	FL 33570		ļ	70	E. College	- Nue.			
			City	0	···			Zip Cod	е
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	named entity submits this statement fo	r the purpose of changing its re	gistered office o	r register	ed agent, or both, i	n the State of Flo	orida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.								
	. —								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signet	ure required	when reinstating)		DATE		<del></del>
SIGNATURE.	Signature, typed or printed name of registered agent	<del></del>	egistered Agent signat	ure required		1	DATE		<del></del>
SIGNATURE .	Signature lyped or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2006	and title if applicable. (NOTE: Ri 9. Election Campi Trust Fund Con	aign Financing	ure required	when reinstating) \$5.00 May Be Added to Fees		DATE lake check ida Departr		
SIGNATURE	Filing Fee is \$61.25	9. Election Campi Trust Fund Con	aign Financing		\$5.00 May Be	Flor	ake check ida Departi	nent of Si	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 hits 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #