

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-28-2006 90010 026 ****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 409 E. College Ave				3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State Ruskin, FL				City & State	
Zip 33570		Country USA		Zip	
Country		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 SWARTWOOD, PAMELA 409 E COLLEGE AVE RUSKIN, FL 33570				7. Name and Address of New Registered Agent Name Lou Ellen Wilson 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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 LEAF WAY VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Salatti, Frank 4014 Eagles Nest Drive Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BETHONEY, JOSEPH 2231 EAGLE BLUFF DR VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maurello, Rob 2318 Timberlake Drive Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEIOIA, SCOTT 4004 NJODEN PINES PLACE VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Neidig, Scott 4004 Hidden Pines Place Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	T Hoos, Terry 4005 Aspen Leaf Way Valrico, FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARONICKI, TED 4003 ASPEN LEAF WAY VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weisman, Linda 2309 Marseille Court Valrico, FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SMITH, JAN 4003 MIDDEN PINES PLACE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					