


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90068 050 \*\*\*\*61.25

<b>DOCUMENT # N26918</b> 1. Entity Name <b>BLOOMINGDALE RIDGE HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business  
**409 E COLLEGE AVE  
RUSKIN, FL 33570**

Mailing Address  
**PO BOX 1058  
RUSKIN, FL 33575**



02132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2949421</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, LOU E  
409 E COLLEGE AVE  
RUSKIN, FL 33570**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALATTI, FRANK 4014 EAGLES NEST DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAURELLO, ROB 2318 TIMERGROVE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEIOIA, SCOTT 4004 HIDDEN PINES PL VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOS, TERRY 4005 ASPEN LEAF WY VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISMAN, LINDA 2309 MARSEILLE CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-07**

Date

**813-445-1569**

Daytime Phone #