

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26918

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** BLOOMINGDALE RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

409 E COLLEGE AVE  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33575

**New Mailing Address:**

**FEI Number:** 59-2949421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EICH, EMILIA K  
409 E COLLEGE AVE  
RUSKIN, FL 33570 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALATTI, FRANK  
Address: 4014 EAGLES NEST DR  
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete  
Name: MAURELLO, ROB  
Address: 2318 TIMERGROVE DR  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: WEISMAN, LINDA  
Address: 2309 MARSEILLE CT  
City-St-Zip: VALRICO, FL 33596

Title: T ( ) Delete  
Name: HOOS, TERRY  
Address: 4005 ASPEN LEAF WY  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: STRYNAN, ROBERT  
Address: 2328 TIMBERGROVE DR  
City-St-Zip: VALRICO, FL 33596

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: STRYNAR, ROBERT  
Address: 2328 TIMERGROVE DR  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ROTHE, BRENT  
Address: 2220 HICKORY RIDGE DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change ( ) Addition  
Name: ALUOTTO, PETER  
Address: 3911 NORTHRIDGE DRIVE  
City-St-Zip: VALRICO, FL 33596

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: FRANK SALATTI

P

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date