

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29456

FILED
Mar 14, 2009
Secretary of State

Entity Name: BLOOMFIELD RIDGE ASSOCIATION, INC.

Current Principal Place of Business:

C/O ANCHOR ASSOCIATES
3940 RADIO RD. #111
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O ANCHOR ASSOCIATES
3940 RADIO RD. #111
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0084046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, TOM L
C/O ANCHOR ASSOCIATES INC
3940 RADIO RD. #111
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

HINGSTON, SHIRLEY
C/O ANCHOR ASSOCIATES INC
3940 RADIO RD. #111
NAPLES, FL 34104 US

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: SHIRLEY HINGSTON

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOKOSZKA, TOM
Address: 5955 BLOOMFIELD CIR, #A-206
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: ROESS, TOM
Address: 8303 BLOOMFIELD CIRCLE B303
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: SARRO, WILL
Address: 8303 BLOOMFIELD CIRCLE B102
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: ROGERS, WILFORD
Address: 5985 BLOOMFIELD CIR D-208
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: SPADORCIA, CESARE
Address: 5955 BLOOMFIELD CIR. #A-307
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODGERS, WILFRED
Address: 5955 BLOOMFIELD CIR, D-208
City-St-Zip: NAPLES, FL 34112

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

Title: VP (X) Change () Addition
Name: GRAHAM, WILLIAM
Address: 8303 BLOOMFIELD CIRCLE D-206
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: OCONNER, JERRY
Address: 5985 BLOOMFIELD CIR A-108
City-St-Zip: NAPLES, FL 34112

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

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: WILFRED RODGERS

P

03/14/2009

Electronic Signature of Signing Officer or Director

Date