

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40667

FILED
Apr 25, 2006
Secretary of State

Entity Name: BLOOMFIELD HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5326 CHARLIN AVE
LAKELAND, FL 33810 US

New Principal Place of Business:

2184 MALACHITE DR.
LAKELAND, FL 33810 US

Current Mailing Address:

5326 CHARLIN AVE
LAKELAND, FL 33810 US

New Mailing Address:

2184 MALACHITE DR.
LAKELAND, FL 33810 US

FEI Number: 59-3036710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULLIFER, CHRIS L TD
5326 CHARLIN AVE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

PORCHE, CHRIS
2184 MALACHITE DR.
LAKELAND, FL 33810 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: CHRIS PORCHE

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORCHE, CHRIS
Address: 2184 MALACHITE DR
City-St-Zip: LAKELAND, FL 33810

Title: VPD () Delete
Name: HERBERT, ELIZABETH
Address: 5222 BLOOMFIELD BLVD
City-St-Zip: LAKELAND, FL 33810

Title: TD () Delete
Name: GULLIFER, CHRIS
Address: 5326 CHARLIN AVE
City-St-Zip: LAKELAND, FL 33810

Title: SD () Delete
Name: WHITEHURST, TROY
Address: 1930 FARRINGTON DR
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Delete
Name: STECKLER, RAY
Address: 2113 LONGLEAF CIR
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Delete
Name: BIRKNER, VINCE
Address: 2215 LONGLEAF CIR
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WHITEHURST, TROY
Address: 5326 CHARLIN AVE
City-St-Zip: LAKELAND, FL 33810

Title: SD (X) Change () Addition
Name: POLICASTRO, JUDITH
Address: 2107 LONGLEAF CIRCLE
City-St-Zip: LAKELAND, FL 33810

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS PORCHE

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date