

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40667

FILED
Jul 03, 2007
Secretary of State

Entity Name: BLOOMFIELD HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2184 MALACHITE DR.
LAKELAND, FL 33810 US

New Principal Place of Business:

5678 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810 US

Current Mailing Address:

2184 MALACHITE DR.
LAKELAND, FL 33810 US

New Mailing Address:

5678 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810 US

FEI Number: 59-3036710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COLLIER, LEWIS
5362 BLOOMFIELD BOULEVARD
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: LEWIS COLLIER

07/03/2007

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: WHITEHURST, TROY
Address: 5326 CHARLIN AVE
City-St-Zip: LAKELAND, FL 33810

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: COLLIER, LEWIS PRES.
Address: 5362 BLOOMFIELD BOULEVARD
City-St-Zip: LAKELAND, FL 33810 US

Title: MR. (X) Change () Addition
Name: POLICASTRO, GREGORY E V.P.
Address: 2107 LONGLEAF CIRCLE
City-St-Zip: LAKELAND, FL 33810 US

Title: MRS. (X) Change () Addition
Name: POLICASTRO, JUDITH L SECRTY
Address: 2107 LONGLEAF CIRCLE
City-St-Zip: LAKELAND, FL 33810 US

Title: MR. (X) Change () Addition
Name: WILT, JIM TREAS.
Address: 5562 BLOOMFIELD BOULEVARD
City-St-Zip: LAKELAND, FL 33810 US

Title: MR. () Change (X) Addition
Name: DIXON, THOMAS DIRECTO
Address: 5406 CHARLIN AVENUE
City-St-Zip: LAKELAND, FL 33810 US

Title: DR. () Change (X) Addition
Name: LINKOUS, CLAY DIRECTO
Address: 5378 LONGLEAF COURT
City-St-Zip: LAKELAND, FL 33810 US

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: JUDITH L. POLICASTRO, SECRETARY

MRS.

07/03/2007

Electronic Signature of Signing Officer or Director

Date