2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N40667

Entity Name: BLOOMFIELD HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5678 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

5678 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-3036710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, LEWIS
5362 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810 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:	MR.	( ) Delete
Name:	COLLIER, LEWIS PRES.	
Address:	5362 BLOOMFIELD BOULEVARD	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	MR.	( ) Delete
Name:	POLICASTRO, GREGORY E V.P.	
Address:	2107 LONGLEAF CIRCLE	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	MRS.	( ) Delete
Name:	POLICASTRO, JUDITH L SECRTY	
Address:	2107 LONGLEAF CIRCLE	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	MR.	( ) Delete
Name:	WILT, JIM TREAS.	
Address:	5562 BLOOMFIELD BOULEVARD	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	MR.	( ) Delete
Name:	DIXON, THOMAS DIRECTO	
Address:	5406 CHARLIN AVENUE	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	DR.	( ) Delete
Name:	LINKOUS, CLAY DIRECTO	
Address:	5378 LONGLEAF COURT	
City-St-Zip:	LAKELAND, FL 33810 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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. 03/25/2008

Electronic Signature of Signing Officer or Director — Date