

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40667

FILED  
Apr 16, 2009  
Secretary of State

**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:**

MCDUFFIE, JAMES M PRES  
5580 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: JAMES M MCDUFFIE

04/16/2009

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: MR. (X) Change ( ) Addition  
Name: MCDUFFIE, JAMES M PRES.  
Address: 5580 BLOOMFIELD BOULEVARD  
City-St-Zip: LAKELAND, FL 33810 US

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

Title: MRS. (X) Change ( ) Addition  
Name: CHEATWOOD, PATRICIA E SECRTY  
Address: 2160 MALACHITE DR  
City-St-Zip: LAKELAND, FL 33810 US

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: PATRICIA E CHEATWOOD

SEC

04/16/2009

Electronic Signature of Signing Officer or Director

Date