2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000076

FILED Apr 25, 2007 Secretary of State

Entity Name: BLOOMINGDALE - DD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3434 COLWELL AVE. 3434 COLWELL AVENUE

SUITE 200 SUITE 200 TAMPA, FL 33614 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

3434 COLWELL AVE. 3434 COLWELL AVENUE SUITE 200 SUITE 200

TAMPA, FL 33614 US TAMPA, FL 33614 US

FEI Number: 59-3374798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIZZETTA & COMPANY INC.

3434 COLWELL AVE.

SUITE 200

TAMPA, FL 33614 US

RIZZETTA & COMPANY, INC.

3434 COLWELL AVENUE

SUITE 200

TAMPA, FL 33614 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: WILLIAM J. RIZZETTA 04/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P-D () Delete
 Title:
 P (X) Change () Addition

 Name:
 DAW, RICHARD
 Name:
 CARLTON, SHANNON

 Address:
 2616 VINEDALE
 Address:
 2727 BROOKVILLE DRIVE

Address: 2616 VINEDALE Address: 2727 BROOKVILLE DRIVE City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: VP-D () Delete Title: VP (X) Change () Addition

Name: GIBBS, SEAN Name: HARRIS, MARVELL
Address: 4806 PORTOBELLO CIRCLE Address: 4610 PORTOBELLO CIRCLE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: T-D () Delete Title: ST (X) Change () Addition Name: GONZALES, ANGEL Name: O'CONNELL, HEATHER

Name:GONZALES, ANGELName:O'CONNELL, HEATHERAddress:4809 PORTOBELLO CIRCLEAddress:4605 DAVENTRY PLACECity-St-Zip:VALRICO, FL 33594City-St-Zip:VALRICO, FL 33594

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: SHANNON CARLTON P 04/25/2007