2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000076

FILED Apr 22, 2008 Secretary of State

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

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

3434 COLWELL AVENUE 1463 OAKFIELD SUITE 200 SUITE 129

TAMPA, FL 33614 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

3434 COLWELL AVENUE PO BOX 2608

SUITE 200 VALRICO, FL 33595 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 AVENUE

SUITE 200

COMMUNITIES OF AMERICA, INC
1463 OAKFIELD DR.
SUITE 129

TAMPA, FL 33614 US BRANDON, FL 33511 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: RICHARD S PITROWSKI 04/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 CARLTON, SHANNON
 Name:
 CARLTON, SHANNON

 Address:
 2727 BROOKVILLE DRIVE
 Address:
 PO BOX 2608

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33595

Title: VP () Delete Title: VP (X) Change () Addition Name: HARRIS, MARVELL VP (X) Change () Addition Name: HARRIS, MARVELL

 Address:
 4610 PORTOBELLO CIRCLE
 Address:
 PO BOX 2608

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33595

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$

 Name:
 O'CONNELL, HEATHER
 Name:
 O'CONNELL, HEATHER

 Address:
 4605 DAVENTRY PLACE
 Address:
 PO BOX 2608

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33595

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 04/22/2008