

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000920 (6)

1. Corporation Name

BLOOMINGDALE VILLAGE HOMEOWNER'S ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

1802 NATURES WAY BLVD  
VALRICO FL 33594

1802 NATURES WAY BLVD  
VALRICO FL 33594-6924

3. Date Incorporated or Qualified  
02/19/1996

3a. Date of Last Report  
N/A

21 4113 Great Golfers Place

26 SAME

4. FEI Number  
59-3364854

Applied For  
Not Applicable

22 Suite A

27 SAME

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Valrico FL

28 SAME

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33594

25 US

29 SAME

30 SAME

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPUTO, VITO  
1802 NATURES WAY BLVD  
VALRICO FL 33594

81 Name Same  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4113 Great Golfers Place  
84 City VALRICO FL 85 Zip Code 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAPUTO, VITO                      | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1802 NATURES WAY BLVD             | 1.3 STREET ADDRESS                                    | 4113 Great Golfers Place                                                     |
| CITY - ST - ZIP            | VALRICO FL 33594                  | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAPUTO, ENJ T                     | 2.2 NAME                                              | 4113 Great Golfers Place                                                     |
| STREET ADDRESS             | 1802 NATURES WAY BLVD             | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | VALRICO FL 33594                  | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAPUTO, CAROL                     | 3.2 NAME                                              | 4113 Great Golfers Place                                                     |
| STREET ADDRESS             | 1802 NATURES WAY BLVD             | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | VALRICO FL 33594                  | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                   | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                   | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                   | 6.4 CITY - ST - ZIP                                   |                                                                              |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 813-653-1823  
Daytime Phone # 0046682

CR2E037 (9/96)