

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0059708

04-12-2001 90547 033 ****61.25

DOCUMENT # N96000000920

1. Entity Name

BLOOMINGDALE VILLAGE HOMEOWNER'S ASSOCIATION, IN

Principal Place of Business

Mailing Address

201 N. FRANKLIN STREET
 SUITE 1700
 TAMPA FL 33602
 US

3550 BUSCHWOOD PARK DR.
 SUITE #135
 TAMPA FL 33618

00035418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Crooked Stick Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Valrico, FL

City & State

4. FEI Number

59-3364854

Applied For

Not Applicable

Zip
33594

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, PETE
3550 BUSCHWOOD PARK DRIVE
SUITE 135
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PETE 3550 BUSCHWOOD PARK DRIVE, STE. 135 TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, SHEILA 1521 CROOKED STICK DR. VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHEATON, FRED 1505 CROOKED STICK DR. VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D/S</i> <i>Ronald Cosmas</i> <i>1524 Crooked Stick Drive</i> <i>Valrico, FL 33594</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DJP</i> <i>Tim Seat</i> <i>1512 Crooked Stick Drive</i> <i>Valrico, FL 33594</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TJD</i> <i>John Field</i> <i>1520 Crooked Stick Drive</i> <i>Valrico, FL 33594</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 | *813*
233-4611
 Date Daytime Phone #

CR2E037 (10/00)