

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N96000000920

Entity Name: BLOOMINGDALE VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3364854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PETE
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVE, MICHAEL
Address: 1541 CROOKED STICK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: MITCHEL, MICHAEL
Address: 1420 CROOKED STICK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: MYNSTER, JOHN
Address: 1525 CROOKED STICK DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WERREMEYER, KIT
Address: 1506 CROOKED STICK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: STD (X) Change () Addition
Name: HELMS, LARRY
Address: 1411 CROOKED STICK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VD (X) Change () Addition
Name: SIMS, PAUL
Address: 4101 CYPRESS POINTE PLACE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIT WERREMEYER

PD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date