
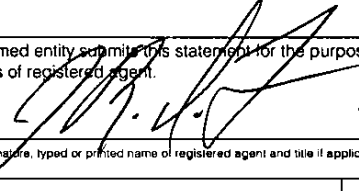



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90112 021 ****61.25

DOCUMENT # N96000000920			
1. Entity Name BLOOMINGDALE VILLAGE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 3434 COLWELL AVE. SUITE 200 TAMPA, FL 33614 US		Mailing Address 3434 COLWELL AVE. SUITE 200 TAMPA, FL 33614	
2. Principal Place of Business 1393 OAKFIELD DR		3. Mailing Address 1393 OAKFIELD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRANDON, FL.		City & State BRANDON, FL.	
Zip 33511		Country HILLS.	
4. FEI Number 59-3364854		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZETTA & COMPANY INC. 3434 COLWELL AVE. SUITE 200 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name JAMES R. DEFURIO, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD., SUITE 1460 City TAMPA FL Zip Code 33602	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		James R. DEFURIO 4-14-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FARMER, MIKE 1541 CROOKED STICK DRIVE VALRICO, FL 33594 <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	VP/D KUHN, MIKE 1518 CROOKED STICK DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DERRES, MIKE 4102 BELLEVUE PL. VALRICO, FL. 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D SIMS, JEFF 1508 CROOKED STICK DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D KIT WERREMEYER 1506 CROOKED STICK DR. VALRICO, FL. 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, DIANE 1416 CROOKED STICK DRIVE VALRICO, FL 33594 <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	D CLARK, KAREN 1503 CROOKED STICK DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRES, KRISTEN 4103 BELLEVUE PL VALRICO, FL. 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/9/06 283-977-5637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	