


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000920**

1. Entity Name  
**BLOOMINGDALE VILLAGE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business 1393 OAKFIELD DR BRANDON, FL 33511 US	Mailing Address 1393 OAKFIELD DR BRANDON, FL 33511 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3364854</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DEFURO, JAMES R P.A.  
 201 E KENNEDY BLVD  
 SUITE 1460  
 TAMPA, FL 33602

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

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D FARMER, MIKE 1541 CROOKED STICK DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D BERBES, MIKE 4103 BELLERIVE PL VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST/D WERREMEYER, KIT 1506 CROOKED STICK DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSH, DIANE 1416 CROOKED STICK DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DERBES, KRISTEN 4103 BELLERIVE PL VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000582767  
 01/11/07-80045-002 61.25

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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:**  **DATE:** JAN 8, 2007 **DAYTIME PHONE #:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR