

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90030 044 \*\*\*\*61.25

**DOCUMENT # N96000000920**

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



Principal Place of Business  
**1383 OAKFIELD DR  
BRANDON, FL 33511 US**

Mailing Address  
**1383 OAKFIELD DR  
BRANDON, FL 33511 US**

2. Principal Place of Business - No P.O. Box #  
**1383 OAKFIELD DR**

3. Mailing Address  
**1383 OAKFIELD DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BRANDON FL 33511**

City & State  
**BRANDON FL 33511**

Zip  
**33511**

Country

Zip  
**33511**

Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3364854**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
FARMER, MIKE  
1541 CROOKED STICK DRIVE  
VALRICO, FL 33594** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
BERBES, MIKE  
4103 BELLERIVE PL  
VALRICO, FL 33594** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST/D  
WERREMEYER, KIT  
1506 CROOKED STICK DR  
VALRICO, FL 33594** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BUSH, DIANE  
1416 CROOKED STICK DRIVE  
VALRICO, FL 33594** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DERBES, KRISTEN  
4103 BELLERIVE PL  
VALRICO, FL 33594** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
ROJEK, TONY  
528 CROOKED STICK DRIVE  
VALRICO, FL 33594-7815** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DERBES, MIKE  
4102 BELLERIVE PL  
VALRICO, FL 33594-7815** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/D  
WERREMEYER, KIT  
1506 CROOKED STICK DR  
VALRICO, FL 33594** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
CARDENAS, BILL  
1403 CROOKED STICK DRIVE  
VALRICO, FL 33594-7815** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DERBES, KRISTEN  
4102 BELLERIVE PL  
VALRICO, FL 33594-7815** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MYNSTER, MAYRA  
1525 CROOKED STICK DRIVE  
VALRICO, FL 33594-7815** ☐ Change ☒ 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:

**KIT WERREMEYER**

**24 JAN 08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #