

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000920

FILED  
Apr 21, 2003  
Secretary of State

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

## Current Principal Place of Business:

CROOKED STICK DRIVE  
VALRICO, FL 33594 US

## New Principal Place of Business:

3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614 US

## Current Mailing Address:

3550 BUSCHWOOD PARK DR.  
SUITE #135  
TAMPA, FL 33618

## New Mailing Address:

3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614

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  
3550 BUSCHWOOD PARK DRIVE  
SUITE 135  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

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

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:

04/21/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: COSMOS, RONALD  
Address: 1524 CROOKED STICK DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: DP ( ) Delete  
Name: SEAT, TIM  
Address: 1512 CROOKED STICK DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete  
Name: FIELD, JOHN  
Address: 1520 CROOKED STICK DRIVE  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: MYNSTER, JOHN  
Address: 1525 CROOKED STICK DRIVE  
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: MICHAEL LOVE

PD

04/21/2003

Electronic Signature of Signing Officer or Director

Date