

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002556

1. Entity Name

VILLAS AT BLOOMINGDALE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1117 CALLISTA AVE
VALRICO FL 33594**

**1117 CALLISTA AVE
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3249323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEFRE, EDWARD
1117 CALLISTA AVE
VALRICO FL 33594**

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	DELETE	TITLE	CHANGE	ADDITION
D GEFRE, EDWARD J 1117 CALLISTA AVE VALRICO FL 33594	<input type="checkbox"/>	 	<input type="checkbox"/>	<input type="checkbox"/>
SD GEFRE, MARILYN 1117 CALLISTA AVE VALRICO FL 33594	<input type="checkbox"/>	 	<input type="checkbox"/>	<input type="checkbox"/>
TD DANIELS, VICKY 1103 CALLISTA AVE VALRICO FL 33594	<input type="checkbox"/>	 	<input type="checkbox"/>	<input type="checkbox"/>
DV JACOB, CAROL 1102 CALLISTA AVE VALRICO FL 33594	<input type="checkbox"/>	 	<input type="checkbox"/>	<input type="checkbox"/>
 	<input type="checkbox"/>	 	<input type="checkbox"/>	<input type="checkbox"/>
 	<input type="checkbox"/>	 	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Edward J GEFRE

EDWARD J GEFRE

1/24/05

813-684-8918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #