

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
GEFRE, EDWARD J  
1117 CALLISTA AVE  
VALRICO FL 33594

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
UN00000630287  
02/19/07-80036-001 61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SD  
GEFRE, MARILYN  
1117 CALLISTA AVE  
VALRICO FL 33594

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TD  
DANIELS, VICKY  
1103 CALLISTA AVE  
VALRICO FL 33594

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DV  
JACOB, CAROL  
1102 CALLISTA AVE  
VALRICO FL 33594

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Edward J GEFRE* EDWARD J GEFRE

2/5/07

813-684-8918