

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002556

FILED
Jan 16, 2009
Secretary of State

Entity Name: VILLAS AT BLOOMINGDALE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1117 CALLISTA AVE
VALRICO, FL 33594

New Principal Place of Business:

1117 CALLISTA AVE
VALRICO, FL 33596 US

Current Mailing Address:

1117 CALLISTA AVE
VALRICO, FL 33594

New Mailing Address:

1117 CALLISTA AVE
VALRICO, FL 33596

FEI Number: 59-3249323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEFRE, EDWARD
1117 CALLISTA AVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

GEFRE, EDWARD
1117 CALLISTA AVE
VALRICO, FL 33596 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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEFRE, EDWARD J
Address: 1117 CALLISTA AVE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: GEFRE, MARILYN
Address: 1117 CALLISTA AVE
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: DANIELS, VICKY
Address: 1103 CALLISTA AVE
City-St-Zip: VALRICO, FL 33594

Title: DV () Delete
Name: JACOB, CAROL
Address: 1102 CALLISTA AVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GEFRE, EDWARD J
Address: 1117 CALLISTA AVE
City-St-Zip: VALRICO, FL 33596 US

Title: SD (X) Change () Addition
Name: GEFRE, MARILYN
Address: 1117 CALLISTA AVE
City-St-Zip: VALRICO, FL 33596 US

Title: TD (X) Change () Addition
Name: DANIELS, VICKY
Address: 1103 CALLISTA AVE
City-St-Zip: VALRICO, FL 33596 US

Title: DV (X) Change () Addition
Name: JACOB, CAROL
Address: 1102 CALLISTA AVE
City-St-Zip: VALRICO, FL 33596 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD J. GEFRE

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date