

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002886

FILED
Apr 16, 2006
Secretary of State

Entity Name: BLOOMINGDALE - BL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 462
VALRICO, FL 33595 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 462
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-3596345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLEGRENE, TABITHA
2514 CENTENNIAL FALCON DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: PELLEGRENE, TABITHA MS.
Address: 2514 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: VP,D () Delete
Name: MCGARRITY, ROBERT MR.
Address: 2529 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: T,D () Delete
Name: HONICKMAN, NEAL MR.
Address: 2552 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: S,D () Delete
Name: HINSON, JESSICA MS.
Address: 2541 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: BM () Delete
Name: HALE, KELLY MS.
Address: 2515 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: BM () Delete
Name: LIPP, GREG MR.
Address: 2535 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL HONICKMAN

T,D

04/16/2006

Electronic Signature of Signing Officer or Director

Date