

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-22-2007 90105 046 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001865					
1. Entity Name BLUE SPRING RESERVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1635 E. SR 50, SUITE 301 CLERMONT, FL 34711			Mailing Address 1635 E. SR 50, SUITE 301 CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-4874368	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARRIER, JUSTIN B 1635 E. SR 50, SUITE 301 CLERMONT, FL 34711			Name MAX R. MINHAS		
			Street Address (P.O. Box Number is Not Acceptable)		
			1635 E HWY 50 # 301		
			City CLERMONT		Zip Code FL 34711
6. 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 				DATE JAN 06 2007	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINHAS, MAX		NAME		
STREET ADDRESS	1635 E. SR 50, SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, JIMMY D		NAME		
STREET ADDRESS	1635 E. SR 50, SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARRIER, JUSTIN B		NAME		
STREET ADDRESS	1635 E. SR 50, SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE JAN 06 2007 352-242-2128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	