

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001865

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** BLUE SPRING RESERVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5756 S. SEMORAN BOULEVARD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5756 S. SEMORAN BOULEVARD  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 20-4874368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOUSE OF MGMT. ENTERPRISES FOR COMM.  
5756 S. SEMORAN BOULEVARD  
ORLANDO, FL 32822 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: PD  
Name: LEWIS, BARBARA  
Address: 5756 S. SEMORAN BOULEVARD  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: PALMER, CLAY  
Address: 5756 S. SEMORAN BOULEVARD  
City-St-Zip: ORLANDO, FL 32822

Title: SD  
Name: COSTELLO, JAMES  
Address: 5756 S. SEMORAN BOULEVARD  
City-St-Zip: ORLANDO, FL 32822

Title: TD  
Name: HORNBECK, KEITH  
Address: 5756 S. SEMORAN BOULEVARD  
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: BARBARA LEWIS

PRES

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date