2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Current Principal Place of Business:

1942 W COUNTY ROAD 419 SUITE 1030 OVIEDO, FL 32766

Current Mailing Address:

1942 W COUNTY ROAD 419 SUITE 1030 OVIEDO, FL 32766 US

FEI Number: 20-4874368

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W COUNTY ROAD 419 SUITE 1030 OVIEDO, FL 32766 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	E KEVIN DAVIS		04/13/2018
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	VP	Title	D
Name	FAIVRE, DOUGLAS	Name	COSTELLO, JIM
Address	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W CR 419 SUITE 1030	Address	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W COUNTY ROAD 419 SUITE
City-State-Zip:	OVIEDO FL 32766		1030 0)//FDO_FL_00700
Title	TREASURER	City-State-Zip:	OVIEDO FL 32766
		Title	SECRETARY
Name		Name	KATZENSTEIN, LAUREN
Address	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W COUNTY ROAD 419 SUITE 1030	Address	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W COUNTY ROAD 419 SUITE
City-State-Zip: 0	OVIEDO FL 32766		1030 0)//FDO_FL_00700
T :41a		City-State-Zip:	OVIEDO FL 32766
Title	PRESIDENT	Title	DIRECTOR
		Name	RUSSELL, HARRY
Address Citv-State-Zip:	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W COUNTY ROAD 419 SUITE 1030 OVIEDO FL 32766	Address	COMMUNITY MANAGEMENT SPECIALISTS, INC 1942 W. COUNTY ROAD 419 SUITE 1030
	OVIEDO FL 32700	City-State-Zip:	OVIEDO FL 32766
Title	DIRECTOR		
Name	LEWIS, BARBARA		
Address	COMMUNITY MANAGEMENT SPECIALISTS, INC 1942 W. COUNTY ROAD 419 SUITE 1030		
City-State-Zip:	OVIEDO FL 32766		

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.

FILED Apr 13, 2018 Secretary of State CC9643757695

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date