## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

755257

(3)

BLUE SPRINGS PROPERTY OWNERS' ASSOCIATION, IN  Principal Place of Eusiness Mailing Address  412 N E 16TH AVE 412 N E 16TH AVE P O BOX 1776 GAINESVILLE FL 32601 GAINESVILLE FL 32601										
0/1/12/1/22	1 2 22391	OFFICE TE SECO	4			<ol> <li>Date Incorporated or Qualified 11/24/1980</li> </ol>		te of Last 02/28/		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number	<u> </u>		Applied For	-
21	MAA	26				59-2391781		$\rightarrow$	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees		
Ζ(ρ <b>34</b> )	Country 25	Zip	<b>—</b>	untry		8. This corporation has liability for in			. 199.032,	
24	9. Name and Address of Currer	29 Agent	30	T		Florida Statutes  10. Name and Address of New Re	Yes 🗷			_
	11.11.11.11.11			81	Name	TO. THE MILE PLANTED BY THE THE	giotoroa x	Sent		
LEE, DE	NNIS G.			82	Ctenant Ad	In a Pour Number in Not Assessed				4
	. 16TH AVE.			62	Sten Adi	ddress (P.O. Box Number is Not Acceptable)				
GAINES!	VILLE FL 32601			83			·····			
				84	City			85 Zi	p Code	4
	At				-		FL	1 1	•	
familiar with	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authoriza tion 617.0503, Florida Statutes	ed by the i	corpo	oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	iose of chai ntment as i	nging its r egistered	'egistered office Lagent, Lam	9
	Signature, typical or printed manie of registered agent			i Agent	signature require	ed when reinstating)	DATE		•	୍ର ଜ
12.	PD OFFICERS AN	D DIRECTORS	13.	111 C	Т	ADDITIONS/CHANGES TO OFFIC			···	CR2E037 (12/95)
NAME	SHEFFIELD, BOB	Decen	1.2 N				L	] Change	Addition	15
STREET ADORESS	412 NE 16 AVE				ADORESS					83/
CITY-S1-ZIP	GAINESVILLE FL 32601			ITY-ST	1					ĮŽ
TITLE	VSD	DELETE	21 T		-211		Г	Change	Addition	⊣წ
NAME	LEE, DENNIS G		22 N	AME			_		<b>—</b>	
STREET ADDRESS	412 NE 16TH AVE.		235	THEET A	ADDRESS					
CITY - ST - ZIP	GAINESVILLE FL		2 4 0	ITY-S	I - ZIP					
THILE	ASD	DELETE	3 1 TI	TLF			Г	Change	Addition	
NAME	CHAPMAN, LISA S.		3 2 N	AME	1					
STHEET ADDRESS	412 N.E. 16TH AVE.		335	13381	ADDRESS					
CITY - ST - ZIP	GAINESVILLE FL	Floriese		ITY-S	T · ZIP					_
TOUE		DELETE	4.1 T)				L	] Change	Addition	
NAME FLUCUL ADEDGES			4. 2 N							
STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP TITLE		DELETE	4.4 C	TIF	- ZIP			1 Change	Maddition.	4
NAME		Прини	52 N				L.	] Change	☐ Addition	
STREET ADDRESS					ADORESS					
CITY-ST-ZIP				incci i ITY - ST						
THLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6 1 TI				Г	] Change	Addition	1
NAME			6.2 N				_			
STREET ADORESS					ADDRESS					
CITY - ST - ZIP			6 4 C	ITY-ST	- 21P					
14. I do hereby certify that	certify that the information supplied the information indicated on this annual	with this filing is voluntarily furn	ished and	does	not qualify t	for the exemption stated in Section 119.0	7(3)(k), Flori	da Statut	es. I further	7

certify that the information indicates of this armidal report of supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DENTIL AND APED OF PRINTED NAME OF SIGNAMS OFFICER OF DIRECTOR

2-22-96

334-1976