



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90008 049 ****61.25

| | | | |
|---|--|--|--|
| DOCUMENT # 755257 1. Entity Name BLUE SPRINGS PROPERTY OWNERS' ASSOCIATION, INC. | |  | |
| Principal Place of Business 412 N E 16TH AVE P O BOX 1776 GAINESVILLE, FL 32601 | | Mailing Address 412 N E 16TH AVE P O BOX 1776 GAINESVILLE, FL 32601 | |
| 2. Principal Place of Business 4127 NW 27th Ln. Suite, Apt. #, etc. Suite A City & State Gainesville IL Zip 32606 Country | | 3. Mailing Address PO Box 357845 Suite, Apt. #, etc. City & State Gainesville IL Zip 32635 Country USA | |
| | |  | |
| | | 01232004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-2391781 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCDONALD, JAN 412 N.E. 16TH AVE. GAINESVILLE, FL 32601 | | 7. Name and Address of New Registered Agent Name McDonald, Jan Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip Code 32606 | |
| 8. 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 Jan McDonald 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 NAME STREET ADDRESS CITY-ST-ZIP PD MCDONALD, JAN 412 NE 16 AVE GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP PD McDonald, Jan 4127 NW 27th Ln, Suite A Gainesville, IL 32606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD Lee, Dennis G 4127 NW 27th Ln, Suite A Gainesville, IL 32606 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP ASD DAVIES, LISA S. 412 N.E. 16TH AVE. GAINESVILLE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD Davies Lisa 4127 NW 27th Ln, Suite A Gainesville IL 32606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jan McDonald 1/29/04 352-334-1976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |