

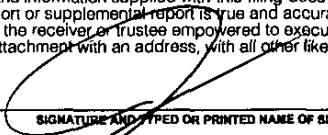


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755257</b> 1. Entity Name <b>BLUE SPRINGS PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>4127 NW 27TH LANE SUITE A GAINESVILLE, FL 32606</b>		Mailing Address <b>PO BOX 357845 GAINESVILLE, FL 32635</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01102007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2391781</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, JAN 4127 NW 27TH LANE SUITE A GAINESVILLE, FL 32606</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: right;">000000607259 01/31/07-80030-010 61.25</div>  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JAN 4127 NW 27TH LANE, SUITE A GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DAVIES, LISA 4127 NW 27TH LANE, SUITE A GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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.			
<b>SIGNATURE:</b> 		<b>Janet L. McDonald</b> 1/18/07 352-334-1916 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	