

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001154

FILED
Feb 24, 2009
Secretary of State

Entity Name: BLUE SPRINGS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

670 PLACID RUN ROAD
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 740286
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-1063888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, GINA
670 PLACID RUN ROAD
ORANGE CITY, FL 32763 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 () Delete
Name: HOLMES, GINA
Address: 670 PLACID RUN RD
City-St-Zip: ORANGE CITY, FL 32763

Title: SD () Delete
Name: BARNES, GREGORY
Address: 693 PLACID RUN RD
City-St-Zip: ORANGE CITY, FL 32763

Title: TD () Delete
Name: TURK, ED
Address: 775 BLUE WATER AVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GINA HOLMES

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date