


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 040 \*\*\*\*61.25

<b>DOCUMENT # N04000004566</b> 1. Entity Name <b>BLUE SPRING PLANTATION HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>808 DELABOSQUE LONGWOOD, FL 32779</b>			Mailing Address <b>808 DELABOSQUE LONGWOOD, FL 32779</b>		
2. Principal Place of Business - No P.O. Box # <b>44326 Cross Country Blvd</b>		3. Mailing Address <b>44326 Cross Country</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01092007 Chg-NP CR2E037 (12/06)	
City & State <b>Altosna Fla</b>		City & State <b>Altosna Fla</b>		4. FEI Number <b>APPLIED FOR 42-1903898</b>	
Zip <b>32702</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, C. EDWARD 808 DELABOSQUE LONGWOOD, FL 32779</b>				7. Name and Address of New Registered Agent Name <b>ED THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>44236 Cross Country Blvd.</b> <b>ALTOSNA</b> City <b>FL</b> Zip Code <b>32702</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 <b>ED THOMAS</b> <i>[Signature]</i> DATE <b>1/8/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES THOMAS, ED 808 DELABOSQUE LONGWOOD, FL 32779</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES, D. 44236 Cross Country Blvd ALTOSNA, FLA 32702</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>THOMAS, Ed</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S THOMAS, Gaile 44236 CROSS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T Chamberlain Bill 53 Lyon Drive DELAND, FLA 32724</b> <input type="checkbox"/> Change <input checked="" 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	
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 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: ED THOMAS</b> <i>[Signature]</i>			Date <b>1/8/07</b> Daytime Phone # <b>407-553-0243</b>		

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