

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90071 036 ****61.25

DOCUMENT # N04000004566

1. Entity Name
**BLUE SPRING PLANTATION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**44326 CROSS COUNTRY BLVD
ALTOONA, FL 32702**

Mailing Address
**44326 CROSS COUNTRY BLVD
ALTOONA, FL 32702**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 1270

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALTOONA, Florida

Zip

Country

Zip

Country

32702

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
42-1703898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, ED
44326 CROSS COUNTRY BLVD.
ALTOONA, FL 32702**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THOMAS, ED
44326 CROSS COUNTRY BLVD
ALTOONA, FL 32702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THOMAS, GAILE
44326 CROSS COUNTRY BLVD
ALTOONA, FL 32702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CHAMBERLAIN, BILL
53 LYON DRIVE
DELAND, FL 32724** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Thomas

1/8/07
Date

352/771 5903
Daytime Phone #