

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004566

FILED
Jan 08, 2009
Secretary of State

Entity Name: BLUE SPRING PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

44326 CROSS COUNTRY BLVD
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1270
ALTOONA, FL 32702

New Mailing Address:

FEI Number: 42-1703898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, ED
44236 CROSS COUNTRY BLVD.
ALTOONA, FL 32702 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: THOMAS, ED
Address: 44236 CROSS COUNTRY BLVD
City-St-Zip: ALTOONA, FL 32702

Title: S () Delete
Name: THOMAS, GAILE
Address: 44236 CROSS COUNTRY BLVD
City-St-Zip: ALTOONA, FL 32702

Title: T () Delete
Name: CHAMBERLAIN, BILL
Address: 53 LYON DRIVE
City-St-Zip: DELAND, FL 32724

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: ED THOMAS

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date