2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # N46212 1. Entity Name 04-05-2006 90148 012 ****61.25 BLUE SPRING LANDING HOMEOWNERS ASSOCIATION, Principal Place of Business White 220 SHITE DOVE AVE Mailing Address White 220 SHITE DOVE AVE ORANGE CITY FL 32763 **ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3109503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WERBLO, CHZ 220 WHITE DOVE AVE Street Address (P.O. Box Number is Not Acceptable) **ORANGE CITY FL 32763** 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. 3-29-06 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete ☐ Change Addition LUNT, PRESCOTT NAME 230 WHITEDOVE AVE. STREET ADDRESS STREET ADDRESS **ORANGE CITY FL 32763** CITY-ST-ZIP CITY-ST-7IP THUE Delete TITLE Addition ROUGE, RICK NAME 180 WHITE DOVE AVE. STREET ADDRESS STREET ADDRESS **ORANGE CITY FL 32763** CITY-ST-ZIP CITY-ST-ZIP SD □ Delete ☐ Change ☐ Addition NAME LUNT, LOUISE NAME STREET ADDRESS 230 WHITE DOVE AVE. STREET ADDRESS ORANGE CITY FL 32763 CITY-ST-ZIP CITY-ST-7(P TITLE □ Delete TITLE ☐ Change ☐ Addition STAKE, DON NAME NAME STREET ADDRESS 1130 WOODCHUCK CT STREET ADDRESS CITY-ST-ZIP ORANGE CITY FL 32763 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WERBLO, CIJA NAME 220 WHITE DOVE AVE STREET ADDRESS STREET ADDRESS ORANGE CITY FL 32763 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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. jaM. Werblo Cija M. Werblo 386-774-5021 SIGNATURE:

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information