

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:18

DOCUMENT # **N06899** (1)
1. Corporation Name
BLAIRSTONE FOREST COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 5622 TALLAHASSEE FL 32314
P.O. BOX 5622 TALLAHASSEE FL 32314

3. Date Incorporated or Qualified **12/31/1984** 3a. Date of Last Report **02/16/1994**
4. FBI Number **59-2577731** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
RODRIGUEZ, JOHN
1689 SILVERWOOD DR.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name **NEIL G. SIPE**
82 Street Address (P.O. Box Number is Not Acceptable) **1674 SILVERWOOD DR**
83
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *Neil G. Sipe* **NEIL G. SIPE** DATE **June 6, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICKENS, TIMOTHY
STREET ADDRESS	1738 SILVERWOOD DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD
NAME	CHASTEEN, MARGARET
STREET ADDRESS	1709 BROOKSIDE BLVD.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	GLATFELTER, RALPH
STREET ADDRESS	1709 BROOKSIDE BLVD.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	T
NAME	BERLINGER, THOMAS
STREET ADDRESS	1694 SILVERWOOD DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLATFELTER, RALPH	
1.3 STREET ADDRESS	1709 BROOKSIDE BLVD	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32301	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS BERLINGER	
2.3 STREET ADDRESS	1694 SILVERWOOD DR	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LARRY DILKINGTON	
3.3 STREET ADDRESS	1714 BROOKSIDE BLVD	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32301	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NEIL G. SIPE	
4.3 STREET ADDRESS	1674 SILVERWOOD DR	
4.4 CITY-ST-ZIP	TALLAHASSEE FL 32301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 hereon, or on an attachment with an address.
SIGNATURE: *Neil G. Sipe* **NEIL G. SIPE** DATE **16 May 1995** TELEPHONE # **904.877.1036**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Figure 2)