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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



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

3. Date Incorporated or Qualified **12/31/1984** 3a. Date of Last Report **06/21/1996**
4. FEI 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**
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SIPE, NEIL G
1674 SILVERWOOD DR
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME **GLATFELTER, RALPH**
STREET ADDRESS **1709 BROOKSIDE BLVD**
CITY-ST-ZIP **TALLAHASSEE FL**
TITLE D DELETE
NAME **BERLINGER, THOMAS**
STREET ADDRESS **1694 SILVERWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL**
TITLE D DELETE
NAME **PILKINGTON, LARRY**
STREET ADDRESS **1714 BROOKSIDE BLVD**
CITY-ST-ZIP **TALLAHASSEE FL**
TITLE T DELETE
NAME **SIPE, NEIL G**
STREET ADDRESS **1674 SILVERWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **DIRECTOR** Change Add
1.2 NAME **ROONEY MEGEAN**
1.3 STREET ADDRESS **1738 NESTLEWOOD LN**
1.4 CITY-ST-ZIP **TALLAHASSEE FL 32301**
2.1 TITLE **PD** Change
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Add
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Add
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **SECRETARY** Change Addition
5.2 NAME **DARLENE JACKSON**
5.3 STREET ADDRESS **1753 BROOKSIDE BLVD.**
5.4 CITY-ST-ZIP **TALLAHASSEE FL 32301**
6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed from an attachment with an address.

SIGNATURE: **NEIL G. SIPE** Jan 15, 1997 904.877.1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008560