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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: P.O. BOX 5622 TALLAHASSEE FL 32314
Mailing Address: P.O. BOX 5622 TALLAHASSEE FL 32314

3. Date Incorporated or Qualified: 12/31/1984
4. FEI Number: 59-2577731
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SIPE, NEIL G
1674 SILVERWOOD DR
TALLAHASSEE FL 32030

10. Name and Address of New Registered Agent
81 Name: Margaret Stephens
82 Street Address (P.O. Box Number is Not Acceptable): 1679 Silverwood Dr
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Margaret Stephens (typed) DATE: 4/12/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERLINGER, THOMAS	
STREET ADDRESS	1694 SILVERWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PILKINGTON, LARRY	
STREET ADDRESS	1714 BROOKSIDE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIPE, NEIL G	
STREET ADDRESS	1674 SILVERWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACKSON, DARLENE	
STREET ADDRESS	1753 BROOKSIDE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEDEAU, ROONEY	
STREET ADDRESS	1738 NESTLEWOOD LN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Colleen Castille	
1.3 STREET ADDRESS	1729 nestlewood Dr	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rodney Nedrau	
2.3 STREET ADDRESS	1738 nestlewood Ln	
2.4 CITY-ST-ZIP	Tallahassee FL 32301	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Margaret Stephens	
3.3 STREET ADDRESS	1679 Silverwood Dr	
3.4 CITY-ST-ZIP	Tallahassee FL 32301	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Francis Watson	
4.3 STREET ADDRESS	1685 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 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, or on an attachment with an address.

SIGNATURE: Margaret Stephens (typed) DATE: 4/12/98 487-8101

CR2037 (10/97)