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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N06899**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/31/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2577731	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

STEPHENS, MARGARET
1679 SILVERWOOD DR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN, CASTILLE	1.2 NAME	Colleen Castille, Colleen
STREET ADDRESS	1729 NESTLEWOOD DR	1.3 STREET ADDRESS	1729 Nestlewood Dr
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	Tallahassee, FL 32301-6783
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDEAU, RODNEY	2.2 NAME	Nedeau, Rodney
STREET ADDRESS	1738 NESTLEWOOD LN	2.3 STREET ADDRESS	1738 Nestlewood Ln
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	Tallahassee, FL 32301-6783
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, MARGARET	3.2 NAME	
STREET ADDRESS	1679 SILVERWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, FRANCIS	4.2 NAME	Gail Albritton
STREET ADDRESS	1685 SILVERWOOD DR	4.3 STREET ADDRESS	1732 Silverwood Dr
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	Tallahassee, FL 32301-6783
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Margaret Stephens MARGARET STEPHENS Margaret Stephens 1/9/99 (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)