

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90087 033 ****61.25

DOCUMENT # N06899

1. Entity 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

U N F O R D



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2577731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, MARGARET
1679 SILVERWOOD DR
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Margaret Stephens

3/13/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|--------------------|---------------------|---------------------------|-------------------------------------|-------|------------------|--------------------|---------------------------|-------------------------------------|-------------------------------------|
| PD | COLLEEN, CASTILLE | 1729 NESTLEWOOD DR | TALLAHASSEE FL 32301-6783 | <input checked="" type="checkbox"/> | PD | LITA PROCTOR | 1709 SILVERWOOD DR | TALLAHASSEE FL 32301-6783 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VD | NEDEAU, RODNEY | 1738 NESTLEWOOD LN | TALLAHASSEE FL 32301-6783 | <input checked="" type="checkbox"/> | D | CAROL WINTERMUTE | 1693 SILVERWOOD DR | TALLAHASSEE FL 32301-6783 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | STEPHENS, MARGARET | 1679 SILVERWOOD DR | TALLAHASSEE FL 32301 | <input type="checkbox"/> | S | DEBBIE DOWLER | 1744 SILVERWOOD DR | TALLAHASSEE FL 32301-6783 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | ALBRITTON, GAIL | 1732 SILVERWOOD DR. | TALLAHASSEE FL 32301-6783 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 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.

SIGNATURE:

Margaret Stephens [MARGARET STEPHENS] 3/13/00 645-4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #