

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0014828

DOCUMENT # N06899

1. Entity Name

BLAIRSTONE FOREST COMMUNITY ASSOCIATION, INC.

04-12-2001 90179 043 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 5622
 TALLAHASSEE FL 32314

P.O. BOX 5622
 TALLAHASSEE FL 32314

00035108



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

Margaret Stephens

4/9/01

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 PD
 NAME PROCTOR, LITA Delete
 STREET ADDRESS 1709 SILVERWOOD DR
 CITY-ST-ZIP TALLAHASSEE FL 32301-6783

TITLE PD
 NAME Albritton, Gail Change Addition
 STREET ADDRESS 1732 Silverwood Dr
 CITY-ST-ZIP Tallahassee, FL 32301-6783

TITLE D
 NAME WINTERMUTE, CAROL Delete
 STREET ADDRESS 1693 SILVERWOOD DR
 CITY-ST-ZIP TALLAHASSEE FL 32301-6783

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE T
 NAME STEPHENS, MARGARET Delete
 STREET ADDRESS 1679 SILVERWOOD DR
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME ALBRITTON, GAIL Delete
 STREET ADDRESS 1732 SILVERWOOD DR.
 CITY-ST-ZIP TALLAHASSEE FL 32301-6783

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE S
 NAME DOWLER, DEBBIE Delete
 STREET ADDRESS 1744 SILVER WOOD DR
 CITY-ST-ZIP TALLAHASSEE FL 32301-6783

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

(850) 645-4890

Daytime Phone #

CR2E037 (10/00)