

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/6

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90199 031 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2577731**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/02**

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

TITLE  Change  Addition  
 NAME **SAUNDRA KELLY**  
 STREET ADDRESS **1688 SILVERWOOD DR**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32301-6783**

TITLE **D**  Delete  
 NAME **WINTERMUTE, CAROL**  
 STREET ADDRESS **1683 SILVERWOOD DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301-6783**

TITLE  Change  Addition

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

TITLE  Change  Addition

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

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  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)(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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/02**

DATE

**694-8656**

Daytime Phone #

CR2E037 (9/01)