


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90076 013 ****61.25

DOCUMENT # N06899					
1. Entity 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			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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JERNIGAN, MELANIE 1738 BROOKSIDE BLVD. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Melanie Jernigan</i> Signature, typed or printed name of registered agent and title if applicable				DATE <i>5/1/04</i>	
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, SAUNDRA		NAME	Albritton, Gail	
STREET ADDRESS	1688 SILVERWOOD DR		STREET ADDRESS	1732 SILVERWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 323016783		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENFELD, DAVID		NAME	Govans, John	
STREET ADDRESS	1680 SILVERWOOD DR.		STREET ADDRESS	1683 SILVERWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDER, MARESA		NAME		
STREET ADDRESS	1729 NASTIAWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, MELANIE		NAME		
STREET ADDRESS	1738 BROOKSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Melanie Jernigan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <i>5/1/04</i> Date	
				DAYTIME PHONE: <i>850-877-0311</i> Daytime Phone #	

24014301



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