2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06899

FILED Mar 13, 2006 Secretary of State

Entity Name: BLAIRSTONE FOREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 5622 P.O. BOX 5622

TALLAHASSEE, FL 32314 TALLAHASSEE, FL 323145622

Current Mailing Address: New Mailing Address:

P.O. BOX 5622 P.O. BOX 5622

TALLAHASSEE, FL 32314 TALLAHASSEE, FL 323145622

FEI Number: 59-2577731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JERNIGAN, MELANIE JERNIGAN, MELANIE 1738 BROOKSIDE BLVD. 1738 BROÓKSIDE BLVD.

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 323016771 US

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: MELANIE JERNIGAN 03/13/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ALBRITTON, GAIL SMITH, SHEILA A Name: Name:

1732 SILVERWOOD DRIVE Address: 1670 SILVERWOOD DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: Title: (X) Change () Addition () Delete Name: SMTIH, SHEILA A Name: ALBRITTON, GAIL

Address: 1670 SILVERWOOD DRIVE Address: 1732 SILVERWOOD DRIVE

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: (X) Change () Addition NEDEAU, RODNEY S GOVANS, JOHN Name: Name:

1683 SILVERWOOD DRIVE Address: Address: 1738 NESTLEWOOD LANE City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: () Change () Addition

Name: JERNIGAN, MELANIE Name: 1738 BROOKSIDE BLVD Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip:

Title: Title: () Delete () Change (X) Addition

JERNIGAN, MELANIE Name: Name: 1738 BROOKSIDE BLVD Address: Address: TALLAHASSEE, FL 32301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE JERNIGAN TS 03/13/2006