

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2008  
Secretary of State**

DOCUMENT# N06899

Entity Name: BLAIRSTONE FOREST COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1738 NESTLEWOOD LANE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5622  
TALLAHASSEE, FL 323145622

**New Mailing Address:**

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

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

NEDEAU, RODNEY S  
1738 NESTLEWOOD LANE  
TALLAHASSEE, FL 32301      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: NEDEAU, RODNEY S  
Address: 1738 NESTLEWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP      ( ) Delete  
Name: SMITH, SHEILA S  
Address: 1670 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: HARPER, JILL T  
Address: 1709 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T      ( ) Delete  
Name: MARLATT, VICKI L  
Address: 1743 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC      ( ) Delete  
Name: HICKS, CHARLOTTE  
Address: 1721 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: HARPER, JILL  
Address: 1709 SILVERWOOD DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      (X) Change ( ) Addition  
Name: WAREES, SMITH  
Address: 1743 NESTLEWOOD DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VICKI L. MARLATT

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02/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date