

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06899

**Entity Name:** BLAIRSTONE FOREST COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

191 PINE LANE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

POST OFFICE BOX 3965  
TALLAHASSEE, FL 32315 US

**FEI Number: 59-2577731**

**Certificate of Status Desired: No**

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

FRANK, PATRICK  
325 W. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PATRICK FRANK ESQ.**

**05/03/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WILLES, FRED  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title PRESIDENT  
Name GEIGER, LLONA  
Address POST OFFICE BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title MANAGING AGENT  
Name KELLY'S ASSOCIATION  
MANAGEMENT LLC  
Address POST OFFICE BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title DIRECTOR  
Name CLARK, BENJAMIN  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title TREASURER  
Name WILLES, KAREN  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

*I hereby 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 all other like empowered.*

**SIGNATURE: KELLY ROJAS**

**MANAGING AGENT**

**05/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date