

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06899

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

**Current Principal Place of Business:**

32 OFFICE PLAZA DRIVE  
211  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

POST OFFICE BOX 12412  
TALLAHASSEE, FL 32317 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.

04/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PRIEST, TRACIE  
Address POST OFFICE BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title VP  
Name GEIGER, LLONA  
Address POST OFFICE BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name CLARK, BENJAMIN  
Address POST OFFICE BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title MANAGEMENT  
Name ROWAND, TOM JR.  
Address P.O. BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT  
Name MCCREA, MIKE  
Address POST OFFICE BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY  
Name STEPHENS, MARGARET  
Address POST OFFICE BOX 12412  
City-State-Zip: TALLAHASSEE FL 32317

*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:** TOM ROWAND

MANAGEMENT

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date