


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729924**  
 1. Entity Name  
**BLAIRSTONE HOMES ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**2747 BLAIRSTONE COURT**      **PO BOX 14436**  
**TALLAHASSEE, FL 32301 US**      **TALLAHASSEE, FL 32317 US**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-1631354**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**JOYCE, CONNIE S**  
**2964 BLAIRSTONE COURT**  
**TALLAHASSEE, FL 32301**

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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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)      DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINKLE, JON 2747 BLAIRSTONE COURT TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESCOTT, CHRIS 2813 BLAIRSTONE COURT TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, MANNY 3036 BLAIRSTONE COURT TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOYCE, CONNIE S 2964 BLAIRSTONE COURT TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/11/06-80036-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Connie S Joyce      Treasurer      1/30/06      850-524-2197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #