


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90188 047 \*\*\*\*61.25

<b>DOCUMENT # 729924</b>					
1. Entity Name BLAIRSTONE HOMES ASSOCIATION, INC.					
Principal Place of Business 2747 BLAIRSTONE COURT TALLAHASSEE, FL 32301 US			Mailing Address PO BOX 14436 TALLAHASSEE, FL 32317 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04032007 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-1634354 59-1731585	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
JOYCE, CONNIE S 2964 BLAIRSTONE COURT TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINKLE, JON		NAME		
STREET ADDRESS	2747 BLAIRSTONE COURT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESCOTT, CHRIS		NAME		
STREET ADDRESS	2813 BLAIRSTONE COURT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, MANNY		NAME	S	
STREET ADDRESS	3036 BLAIRSTONE COURT		STREET ADDRESS	Saudi Roberts	
CITY-ST-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP	2733 Blairstone Ct.	
				Tall FL 32301	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOYCE, CONNIE S		NAME		
STREET ADDRESS	2964 BLAIRSTONE COURT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	Aaron Cohen	
CITY-ST-ZIP			CITY-ST-ZIP	3128 Blairstone Ct.	
				Tall FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Connie S Joyce</u>		Date: <u>4/23/07</u>		Daytime Phone #: <u>850-524-2197</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

pd 4/23/07  
 2557



ATTACHMENT

CINCINNATI OH 45999-0038

40081023  
#729924

In reply refer to: 0246337387  
Mar. 22, 2007 LTR 147C E0  
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00002689  
BODC: SB

BLAIRSTONE HOMES ASSOCIATION INC  
2964 BLAIRSTONE CT  
TALLAHASSEE FL 32301-6029644



007680

Employer Identification Number: 59-1731585

Dear Taxpayer:

Thank you for the inquiry of Mar. 13, 2007.

Your Employer Identification Number (EIN) is 59-1731585. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_