


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 028 ****61.25

DOCUMENT # 729924			
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 # 2779 Blair Stone Ct		3. Mailing Address Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32301	Country U.S.	Zip	Country
6. Name and Address of Current Registered Agent JOYCE, CONNIE S 2964 BLAIRSTONE COURT TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Elizabeth O. Hamilton Street Address (P.O. Box Number is Not Acceptable) 2779 Blair Stone Ct. City Tallahassee FL Zip Code 32301	
4. FEI Number 59-1731585 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
B. 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 <i>Elizabeth O. Hamilton</i> Elizabeth O. Hamilton - Treas.		DATE 3-21-08	



1st MOORE CR2E037 (10/07)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINKLE, JON 2747 BLAIRSTONE COURT TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Elizabeth O. Hamilton 2779 Blair Stone Ct Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESCOTT, CHRIS 2813 BLAIRSTONE COURT TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Lary Miller 2762 Blair Stone Ct. Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, SAUDI 2733 BLAIRSTONE CT TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President R. Lary Miller 2762 Blair Stone Ct 1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOYCE, CONNIE S 2964 BLAIRSTONE COURT TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres R. Lary Miller 2762 Blair Stone Ct Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, AARON 32128 BLAIRSTONE CT ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elizabeth O. Hamilton* **Elizabeth O. Hamilton** **850-656-8495**