

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759848 (5)
1. Corporation Name
BLAIRSTONE FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1717 BEECHWOOD CIR., SO.
TALLAHASSEE FL 32301
US**

3. Date Incorporated or Qualified **09/01/1981** 3a. Date of Last Report **05/17/1995**

2. Principal Place of Business 2a. Mailing Address
21 1745 Beechwood Circle South **26 1745 Beechwood Circle South**

4. FEI Number **59-2129020** Applied For ☐ Not Applicable ☐

22 Suite, Apt. #, etc. **Circle South** 27 Suite, Apt. #, etc. **Circle South**

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

23 City & State **Tallahassee FL** 28 City & State **Tallahassee FL**

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

24 Zip **32301** 25 Country **hcon** 29 Zip **32301** 30 Country **hcon**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**DAVIDSON, MICHAEL H
1180 LOVERS LANE
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMPKINS, ALICE			1.2 NAME	Reeves, Bob		
STREET ADDRESS	2788 BEECHWOOD KNOLL			1.3 STREET ADDRESS	1743 Beechwood Circle South		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP	Tallahassee FL 32301	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME	GARDNER, JO ANN			2.2 NAME			
STREET ADDRESS	1749 BEECHWOOD CIRCLE, N.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, PATTY			3.2 NAME			
STREET ADDRESS	1717 BEECHWOOD CIRCLE SOUTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISLEY, PHILLIP			4.2 NAME			
STREET ADDRESS	1708 BEECHWOOD CIRCLE NORTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	PP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASTLE, BOB			5.2 NAME	Postle, Bob		
STREET ADDRESS	1745 BEECHWOOD CIR., SO.			5.3 STREET ADDRESS	1745 Beechwood Circle South		
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP	Tallahassee FL 32301	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: [Signature] May 21, 1996 483-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)