## **FILE NOW: FILING FEE IS \$61.25**

appears in Block 12 OKE

SIGNATURE: '

NONPROFIT A; FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1997 97 MAY -1 AM II: 22 **DOCUMENT #** (5)759848 SECRETARY OF STATE TALLAHASSEE, FLORIDA BLAIRSTONE FOREST HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 1708 HAL BEECHWOOD CIRCLE OONTO 4745 BEECHWOOD CIRCLE & NOVTH TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-8786 Date Incorporated or Qualified 09/01/1981 3a. Date of Last Report 05/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2129020 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIDSON, MICHAEL H Street Address (P.O. Box Number is Not Acceptable) 62 732 Pointe Court 41180 LOVERS LANE 83 TALLAHASSEE FL 82911- 32308 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE Change 1.1 TITLE Addition 000002167940 TOMPKINS, ALICE NAME 12 NAME -05/06/97--01104--007 2788 BEECHWOOD KNOLL STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 TALLAHASSEE FL CITY - ST - ZIF 1.4 CITY-SY-ZIP 32301 DELETE Change Addition TITLE 2.1 TITLE REEVES, BOB NAME 22 NAME 1743 BEECHWOOD CIRCLE. S STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition <del>D</del>-PD WISLEY, PHILLIP 3.1 TITLE TITLE NAME 3.2 NAME 1708 BEECHWOOD CIRCLE NORTH STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TITLE -Ph 41 TITLE Change Addition POSTLE, BOB -NAME 4. 2 NAME -1745 BEECHWOOD CIR.-SO. STREET ADDRESS 4.3 STREET ADDRESS TALLAHASSEE-FL--CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP DELETE THLE Addition 6.1 TITLE NAME 62 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 does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Juriher certify that the information indicated on this applied 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 gorporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

AT Phillip Wisley (FD)

481-2333

Daytime Phone # 0007335