

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759848

FILED
Apr 24, 2005
Secretary of State

Entity Name: BLAIRSTONE FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

KRM MANAGEMENT
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

KRM MANAGEMENT
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-2129020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: TOMPKINS, ALICE
Address: 2788 BEECHWOOD KNOLL
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP () Delete
Name: MORGAN, RON
Address: 1738 BEECHWOOD CIRCLE NORTH
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP () Delete
Name: BOWERSOX, ROBIN
Address: 1711 BEECHWOOD CIR
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS (X) Change () Addition
Name: TOMPKINS, ALICE
Address: 2788 BEECHWOOD KNOLL
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP (X) Change () Addition
Name: MORGAN, RON
Address: 1738 BEECHWOOD CIRCLE NORTH
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP (X) Change () Addition
Name: BOWERSOX, ROBIN
Address: 1711 BEECHWOOD CIR
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE TOMPKINS

T

04/24/2005

Electronic Signature of Signing Officer or Director

Date