

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90105 043 ****61.25

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04152008 Chg-NP CR2E037 (12/06)

DOCUMENT # 759848 1. Entity Name BLAIRSTONE FOREST HOMEOWNERS ASSOCIATION, INC.																																																																																																																																													
Principal Place of Business KRM MANAGEMENT 431 WAVERLY RD TALLAHASSEE, FL 32312 US			Mailing Address KRM MANAGEMENT 431 WAVERLY RD TALLAHASSEE, FL 32312 US																																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3096 Whirlaway Trail																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tallahassee, FL																																																																																																																																											
City & State		City & State																																																																																																																																											
Zip		Country		4. FEI Number 59-2129020																																																																																																																																									
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																									
6. Name and Address of Current Registered Agent ISAACS, DAN L 431 WAVERLY RD TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Cheri L. Garbar K Street Address (P.O. Box Number is Not Acceptable) 3096 Whirlaway Trail City Tallahassee FL Zip Code 32309																																																																																																																																									
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 <u><i>Cheri L. Garbar K</i></u> <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, 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																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>CRAWFORD, MICHAEL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1723 BEECHWOOD CIRCLE SOUTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32301</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>SHERIDAN, SANDRA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1710 BEECHWOOD CIRCLE NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32301</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>PORTERA, ROBERT</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2799 BEECHWOOD CIR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32301</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	CRAWFORD, MICHAEL	<input type="checkbox"/>	STREET ADDRESS	1723 BEECHWOOD CIRCLE SOUTH		CITY - ST - ZIP	TALLAHASSEE, FL 32301		TITLE	NAME	Delete	NAME	SHERIDAN, SANDRA	<input type="checkbox"/>	STREET ADDRESS	1710 BEECHWOOD CIRCLE NORTH		CITY - ST - ZIP	TALLAHASSEE, FL 32301		TITLE	NAME	Delete	NAME	PORTERA, ROBERT	<input checked="" type="checkbox"/>	STREET ADDRESS	2799 BEECHWOOD CIR		CITY - ST - ZIP	TALLAHASSEE, FL 32301		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP				TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
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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><i>Michael Crawford</i></u> 4-15-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																													