

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759848

FILED  
Feb 26, 2009  
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:**

LEWIS PROPERTY MANAGEMENT  
3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

LEWIS PROPERTY MANAGEMENT  
3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309 US

FEI Number: 59-2129020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARBARK, CHERI L  
3096 WHIRAWAY TRAIL  
TALLAHASSEE, FL 32309 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: DP ( ) Delete  
Name: CRAWFORD, MICHAEL  
Address: 1723 BEECHWOOD CIRCLE SOUTH  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP ( ) Delete  
Name: SHERIDAN, SANDRA  
Address: 1710 BEECHWOOD CIRCLE NORTH  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT ( ) Change (X) Addition  
Name: SMITH, LESLIE C  
Address: 1745 BEECHWOOD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHERI GARBARK

PM

02/26/2009

Electronic Signature of Signing Officer or Director

Date