

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06899

FILED
Apr 02, 2009
Secretary of State

Entity Name: BLAIRSTONE FOREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1738 NESTLEWOOD LANE
TALLAHASSEE, FL 32301

New Principal Place of Business:

1743 NESTLEWOOD LANE
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 5622
TALLAHASSEE, FL 323145622

New Mailing Address:

FEI Number: 59-2577731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEDEAU, RODNEY S
1738 NESTLEWOOD LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SMITH, WAREES
1743 NESTLEWOOD LANE
TALLAHASSEE, FL 32301 US

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: WAREES SMITH

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEDEAU, RODNEY S
Address: 1738 NESTLEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: HARPER, JILL
Address: 1709 SILVERWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WAREES, SMITH
Address: 1743 NESTLEWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: MARLATT, VICKI L
Address: 1743 SILVERWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC () Delete
Name: HICKS, CHARLOTTE
Address: 1721 SILVERWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, WAREES
Address: 1743 NESTLEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change () Addition
Name: MCELROY, JANE
Address: 1727 NESTLEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: JILL, HARPER
Address: 1709 SILVERWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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: WAREES SMITH

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date