

Blairstone Forest Community Association  
PO Box 3965, Tallahassee FL 32315

I, Tracie Priest, hereby certify that I have read  
(Print name of board member)

the Blairstone Forest Community Association's Declaration of Covenants and Restrictions, Bylaws, Articles of Incorporation, and current written policies, that you will work to uphold such documents and policies to the best of your ability, and you will faithfully discharge your fiduciary responsibility to the Association's members.

Signed: Tracie Priest  
(Signature of board member)

Date: 2/5/20

Please submit this completed form to the Association within 90 days after being elected or appointed to the Board of Directors of the Blairstone Forest Community Association.



# CERTIFICATE OF COMPLETION



Kaye Bender Rembaum PL  
**CERTIFIES THAT**

*Tracie Priest*

HAS SATISFACTORILY COMPLETED THE EDUCATIONAL CURRICULUM  
REQUIRED FOR SERVICE ON THE BOARD OF DIRECTORS OF A  
HOMEOWNER ASSOCIATION AS PROVIDED IN SECTION 720.3033 OF  
CHAPTER 720, FLORIDA STATUTES

**DATED THIS 7 DAY OF October , 2024**

**DIVISION OF CONDOMINIUMS,  
TIMESHARES & MOBILE HOMES**

**FLORIDA DEPARTMENT OF BUSINESS  
AND PROFESSIONAL REGULATION**

*Danielle M. Brennan*

**COURSE INSTRUCTOR**