




**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

05 MAR 18 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003701			
1. Entity Name OLD COURTHOUSE SQUARE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327		Mailing Address 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327	
2. Principal Place of Business 2628 Crawfordville Hwy Suite, Apt. #, etc.		3. Mailing Address Same ←	
City & State Crawfordville FL		City & State	
Zip 32327	Country	Zip	Country
6. Name and Address of Current Registered Agent SUBER, BRAD 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name: Jerry Evans Street Address (P.O. Box Number is Not Acceptable): 7885 South Creek Hwy City: Sapchoppy FL Zip Code: 32358	
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: 		DATE: 3/15/05	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: SUBER, BRAD STREET ADDRESS: 2 SPRINGVIEW DRIVE CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	TITLE: President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Jerry Evans STREET ADDRESS: 2628 Crawfordville Hwy CITY-ST-ZIP: Crawfordville FL 32327
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: SUBER, TRACEY STREET ADDRESS: 2 SPRINGVIEW DRIVE CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	TITLE: Vice President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Chris Foerst STREET ADDRESS: 3353 Barrow Hill Trail CITY-ST-ZIP: Tallahassee, FL 32312
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: BRANCH, CLAIRE STREET ADDRESS: 2 SPRINGVIEW DRIVE CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	TITLE: Amy Reiter, Sec/Treas/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: HC Old Courthouse Way CITY-ST-ZIP: Crawfordville, FL 32327
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 600049072406 STREET ADDRESS: 03/24/05--01010--015 **\$61.25 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify 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 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 my address, with all other like empowered.			
SIGNATURE: 		DATE: 3/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	