2001 UNIFORM BUSINESS REPORT (UBR)

4/11/0
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FILED
Jun 20, 2001 8:00 am
Secretary of State
04-11-2001 90085 025 ****61.25

DOCUMENT # N05315

1. Entity Name
CONTINENTAL OAKS III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
	644 Capital Circle NE Tallahassee, FL 32301

[redacted]

2. Principal Place of Business	3. Mailing Address
644 Capital Circle NE	644 Capital Circle NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32301 Country: USA	Zip: 32301 Country: USA

DO NOT WRITE IN THIS SPA[redacted]

4. FEI Number: 59-2765557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Rhinehart, Robert S 644 Capital Circle NE Tallahassee, FL 32301	Name: ROBERT S RHINEHART Street Address (P.O. Box Number is Not Acceptable): 644 CAPITAL CIRCLE NE City: TALLAHASSEE FL Zip Code: 32301

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.

SIGNATURE: Robert S Rhinehart 5/4/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sauls, JAMES 2849 GREEN FOREST LANE Tallahassee, FL 32303	☐ Delete	Michele Scaiele DIR 1075 OCALA Rd. Tallahassee, FL 32304	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Smith, Mary Nell 3559 CONCORD ROAD HAVANA, FL	☑ Delete	Merilyn Powers DIR 315 S. Calhoun St. Tallahassee, FL 32301	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Strong, MADeline DIR 5055 Icicle Hill Tallahassee, FL 32303	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, DALLAS DIR 1605 PALLADRIVE Tallahassee, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARNSLEY, Amanda DIR 1161 OCALA RD. TALLAHASSEE, FL 32304	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Eisenberg 2079 Continental Lake DR. Tallahassee, FL 32304	☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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 an address, with all other like empowered.

SIGNATURE: Mary Nell Smith, Secretary-treasurer Mar. 13, 2001 576-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #