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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005973

1. Corporation Name
Countryside of Tallahassee HomeOwner's Association, Inc.

Principal Place of Business / Mailing Address
c/o Haven Management
P.O. Box 2396
Tallahassee, FL 32316-2396

3. Date Incorporated or Qualified: 12/19/95

4. FEI Number: 59-3282457 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1471 Cap. Circle NW
Suite, Apt. #, etc.: 22 Suite B
City & State: 23 Tallahassee
Zip: 24 32303 Country: 25 USA

2a. Mailing Address
26 P.O. Box 2396
Suite, Apt. #, etc.: 27
City & State: 28 Tallahassee, FL
Zip: 29 32316-2396 Country: 30 USA

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Betty Capps
c/o Haven Management
P.O. Box 2396, 1471 Capital Circle NW 32303
Tallahassee, FL 32316-2396

10. Name and Address of New Registered Agent
81 Name: Betty Capps
82 Street Address (P.O. Box Number is Not Acceptable): c/o Haven Management
83 P.O. Box 2396, 1471 Capital Circle NW, Zip 32303
84 City: Tallahassee FL 85 Zip Code: 32316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Betty Capps (Signature, type or print name of person signing) Betty Capps (NOTE: Registered Agent's signature required when reinstating) DATE: 4/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE P/D; 1.2 NAME: Liane Rouse; 1.3 STREET ADDRESS: 5679 Emma Ln; 1.4 CITY-ST-ZIP: Tallahassee, FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE V/P/D; 2.2 NAME: Kermit Hancock; 2.3 STREET ADDRESS: 960 Poser Ct.; 2.4 CITY-ST-ZIP: Tallahassee, FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE T/D; 3.2 NAME: Michael Sole; 3.3 STREET ADDRESS: 5849 Countryside Dr.; 3.4 CITY-ST-ZIP: Tallahassee, FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE S/D; 4.2 NAME: Bennie Donaldson; 4.3 STREET ADDRESS: 6701 Emma Lane; 4.4 CITY-ST-ZIP: Tallahassee, FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE D; 5.2 NAME: Kevin Goff; 5.3 STREET ADDRESS: 943 Poser Ct.; 5.4 CITY-ST-ZIP: Tallahassee, FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: Liane Rouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 878-6046
Date / Daytime Phone #