

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000005973**1. Entity Name
COUNTRYSIDE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
431 WAVERLY RD	431 WAVERLY RD
TALLAHASSEE FL 32312 US	TALLAHASSEE FL 32312 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3282457Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentISAACS DON LEE
431 WAVERLY RDTALLAHASSEE FL
32312 US**7. Name and Address of New Registered Agent**Name
ISAACS DAN LStreet Address (P.O. Box Number is Not Acceptable)
431 WAVERLY RDCity FL Zip Code
TALLAHASSEE 32312

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 **DAN LEE ISAACS****04/22/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PANTALEON HERB	
STREET ADDRESS	5742 COUNTRYSIDE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PANTALEON CHRIS	
STREET ADDRESS	5670 EMMA LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SUTTON DENNIS	
STREET ADDRESS	5736 EMMA LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPAULDING VAN P	
STREET ADDRESS	5767 COUNTRYSIDE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCELROY MARK	
STREET ADDRESS	5729 COUNTRYSIDE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: Mark McElroy

Pres

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)