NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90002 037 ****61.25

808064

DOCUMENT # N94000005973

1. Entity Name
COUNTRYSIDE OF TALLAHASSEE HOMEOWNERS ASSOC., INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8511 BULL HEADLEY RD. Suite 104	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TALLAHASSEE, FL	City & State
Zip 32312 Country USA	Zip Country

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARIE EDDY
Street Address (P.O. Box Number is Not Acceptable) 8511 BULL HEADLEY RD. Suite 104
City TALLAHASSEE FL Zip Code 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 Marie Eddy MARIE EDDY - ASSOC. MANAGER DATE 1/2/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	PD
NAME	RANDY TRAYNOR
STREET ADDRESS	5758 COUNTRYSIDE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	ID
NAME	JOANN SPAULDING
STREET ADDRESS	5769 COUNTRYSIDE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	VD
NAME	JENNIFER KEISTER
STREET ADDRESS	5690 COUNTRYSIDE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	SD
NAME	SUSAN CHASE
STREET ADDRESS	5630 EMMA LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Eddy MARIE EDDY 1/2/02 850-841-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #