

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 JUL - 6 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # N94000005973</b><br>1. Entity Name<br>COUNTRY/SIDE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.  |  |   |   |
| Principal Place of Business<br>1350-E4 E TENNESSEE ST<br>#352<br>TALLAHASSEE, FL 32308 US  |  | Mailing Address<br>1350-E4 E TENNESSEE ST<br>#352<br>TALLAHASSEE, FL 32308 US   |   |
| 2. Principal Place of Business<br>3111-20 Mahan Dr., PMB 2173<br>Suite, Apt. #, etc.<br>Tallahassee, FL<br>City & State<br>32308 - 5511<br>Zip<br>Country<br>USA   |  | 3. Mailing Address<br>3111-20 Mahan Dr., PMB 2173<br>Suite, Apt. #, etc.<br>Tallahassee, FL<br>City & State<br>32308 - 5511<br>Zip<br>Country<br>USA  |   |
| 4. FEI Number<br>59-3282457  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  | 06072006 REIN-NP CR2E099 (11/05)  |   |
| 6. Name and Address of Current Registered Agent<br><br>JACKSON, VERONICA R<br>928 POSER COURT<br>TALLAHASSEE, FL 32317   |  | 7. Name and Address of New Registered Agent<br>Name<br>Erin Cuzzort<br>Street Address (P.O. Box Number is Not Acceptable)<br>5873 Countryside Dr.<br>City<br>Tallahassee FL Zip Code<br>32317 |   |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  | DATE 6/29/06<br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |
| <b>FILE NOW!!! FEE IS \$122.50</b>   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |
| Make check payable to<br>Florida Department of State   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>D<br>NAME<br>TRAYNOR, RANDY<br>STREET ADDRESS<br>5758 COUNTRYSIDE DR<br>CITY-ST-ZIP<br>TALLAHASSEE, FL 32317  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>500077666245<br>CITY-ST-ZIP<br>07/18/06--01037--001 **122.50   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>PD<br>NAME<br>RUBIN, CARL<br>STREET ADDRESS<br>5697 COUNTRYSIDE DR<br>CITY-ST-ZIP<br>TALLAHASSEE, FL 32317  | <input type="checkbox"/> Delete            | TITLE<br>PD<br>NAME<br>Rubin, Carl<br>STREET ADDRESS<br>5697 Countryside Dr.<br>CITY-ST-ZIP<br>Tallahassee, FL 32317  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>VD<br>NAME<br>HORN, MARY<br>STREET ADDRESS<br>927 AUDREY CT<br>CITY-ST-ZIP<br>TALLAHASSEE, FL 32317   | <input checked="" type="checkbox"/> Delete | TITLE<br>VB<br>NAME<br>Jackie Cooper<br>STREET ADDRESS<br>5840 Countryside Dr.<br>CITY-ST-ZIP<br>Tallahassee, FL 32317  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>SD<br>NAME<br>UTLER, DOROTHY<br>STREET ADDRESS<br>937 AUDREY COURT<br>CITY-ST-ZIP<br>TALLAHASSEE, FL 32317  | <input checked="" type="checkbox"/> Delete | TITLE<br>SB<br>NAME<br>Robert Keft<br>STREET ADDRESS<br>5712 Emma Lane<br>CITY-ST-ZIP<br>Tallahassee, FL 32317  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>TD<br>NAME<br>BARNES, LILLIE<br>STREET ADDRESS<br>5800 COUNTRYSIDE DR<br>CITY-ST-ZIP<br>TALLAHASSEE, FL 32317   | <input type="checkbox"/> Delete            | TITLE<br>TB<br>NAME<br>Barnes, Lillie<br>STREET ADDRESS<br>5800 Countryside Dr.<br>CITY-ST-ZIP<br>Tallahassee, FL 32317   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date 03 JULY 2006 545-4897<br><small>Daytime Phone #</small>  |   |

7/11/06