

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90033 046 \*\*\*\*61.25

**DOCUMENT # N94000005973**

1. Entity Name

**COUNTRYSIDE OF TALLAHASSEE HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

**3111-20 MAHAN DR., PMB 2173  
TALLAHASSEE FL 32308-5511  
US**

Mailing Address

**3111-20 MAHAN DR., PMB 2173  
TALLAHASSEE FL 32308-5511  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3282457**

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

**CUZZORT, ERIN  
5873 COUNTRYSIDE DR.  
TALLAHASSEE FL 32317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME RUBIN, CARL  
STREET ADDRESS 5697 COUNTRYSIDE DR  
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE VD ☐ Delete  
NAME COOPER, JACKIE  
STREET ADDRESS 5840 COUNTRYSIDE DR  
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE SD ☐ Delete  
NAME KEYT, ROBERT  
STREET ADDRESS 5712 EMMA LANE  
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE TD ☐ Delete  
NAME BARNES, LILLIE  
STREET ADDRESS 5800 COUNTRYSIDE DR  
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Leonard, Raleigh  
STREET ADDRESS 5826 Countryside Drive  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Erin Cuzzort*  
Erin Cuzzort

2/7/08

850.219.9204