

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-04-2003 90096 018 ****61.25

DOCUMENT # N94000005973



1. Entity Name

COUNTRYSIDE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

8511 BULL HEADLEY RD
SUITE 104
TALLAHASSEE, FL 32312
US

Mailing Address

8511 BULL HEADLEY RD
SUITE 104
TALLAHASSEE, FL 32312
US

55039508

2. Principal Place of Business

1350-e4 E. Tennessee St.

3. Mailing Address

1350-e4 E. Tennessee St.



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

352

Suite, Apt. #, etc.

352

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number **59-3282457**

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

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

EDDY, MARIE
8511 BULL HEADLEY RD
SUITE 104
TALLAHASSEE FL 32312

Name

~~None~~ **Jennifer Keister**

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

5690 Countryside Dr.

City

Tallahassee

FL

Zip Code

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

Jennifer Keister

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

(NOTE: Registered Agent signature required when reinstating)

April 30, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TRAYNOR, RANDY**
STREET ADDRESS **5758 COUNTRYSIDE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **TD** ☒ Delete
NAME **SPAULDING, JOANN**
STREET ADDRESS **5769 COUNTRYSIDE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **VD** ☒ Delete
NAME **KEISTER, JENNIFER**
STREET ADDRESS **5690 COUNTRYSIDE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **SD** ☐ Delete
NAME **CHASE, SUSAN**
STREET ADDRESS **5630 EMMA LANE**
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 **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Carl Rubin**
STREET ADDRESS **5697 Countryside Dr.**
CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE **VD** ☐ Change ☒ Addition
NAME **Mary Horn**
STREET ADDRESS **927 Audrey Court**
CITY-ST-ZIP **Tallahassee, FL 32317**

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

TITLE ☐ Change ☒ Addition
NAME **Ellie Barnes**
STREET ADDRESS **5800 Countryside Dr.**
CITY-ST-ZIP **Tallahassee, FL 32317**

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl Rubin
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2003

Date

Daytime Phone #

309-7446

CR2037 (10/02)