I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 03/26/2018 DIRECTOR SIGNATURE: CHRIS WATERS

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORAT	ION ANNUAL REPORT

DOCUMENT# N9400005973

Entity Name: COUNTRYSIDE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1990 VILLAGE GREEN WAY SUITE 2 TALLAHASSEE, FL 32308

Current Mailing Address:

P O BOX 13565 TALLAHASSEE, FL 32317 US

FEI Number: 59-3282457

Name and Address of Current Registered Agent:

EDDY, MARIE 1990 VILLAGE GREEN WAY SUITE 2 TALLAHASSEE, FL 32317 US

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			03/26/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	DIRECTOR		
Name	WATERS, CHRIS	Name	CUZZORT, ERIN		
Address	5761 COUNTRYSIDE DRIVE	Address	5873 COUNTRYSIDE DRIVE		
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317		
Title	DIRECTOR	Title	DIRECTOR		
Name	CUZZORT, RUTH	Name	DAZEVEDO, KIRSTEN		
Address	5670 EMMA LANE	Address	5656 COUNTRYSIDE DRIVE		
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317		

above, or on an attachment with all other like empowered.

Date

FILED Mar 26, 2018 Secretary of State CC0462062065

Certificate of Status Desired: No