

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005973

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

**FILED**  
**Feb 23, 2021**  
**Secretary of State**  
**7945802171CC**

**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**

**Certificate of Status Desired: No**

**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**

**02/23/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WATERS, CHRIS  
Address        5761 COUNTRYSIDE DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            CUZZORT, ERIN  
Address        5873 COUNTRYSIDE DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            CUZZORT, RUTH  
Address        5670 EMMA LANE  
City-State-Zip: TALLAHASSEE FL 32317

Title            DIRECTOR  
Name            DAZEVEDO, KIRSTEN  
Address        5656 COUNTRYSIDE DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

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

**SIGNATURE: CHRIS WATERS**

**PRESIDENT**

**02/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date