

DOCUMENT # N00000002995

1. Entity Name

COUNTY LINE TRADE CENTER PROPERTY  
ASSOCIATION, INC.



Principal Place of Business  
6915 S. R. 54  
NEW PORT RICHEY FL 34653

Mailing Address  
6915 S. R. 54  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BLACKWELL, GARY L  
6915 S. R. 54  
NEW PORT RICHEY FL 34653

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
D	COOPER, TRACEY	6146 ROCKROSS AVE.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
SD	OLSON, JACQUELINE L	POST OFFICE BOX 1971	NEW PORT RICHEY FL 34656	<input type="checkbox"/>	<input type="checkbox"/>
PD	BLACKWELL, GARY L II	5720 CHIPPER DRIVE	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
V	BLACKWELL, GARY L	POST OFFICE BOX 1085	NEW PORT RICHEY FL 34656	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

02/28/05-80067-005 61.25

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.

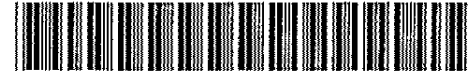
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Outtime Phone #

FILED  
Feb 28, 2005 08:00 AM  
Secretary of State



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3694355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent