

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18973** (0)  
1. Corporation Name  
**COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC**



Principal Place of Business: 3233 Appalachian Trail, Polk City, FL 33868  
Mailing Address: P.O. BOX 1022, POLK CITY FL 33868-3051, US

3. Date Incorporated or Qualified: 01/28/1987  
3a. Date of Last Report: 10/27/1995  
4. FEI Number: 59-2760325  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**LOVEMAN, BRYCE C  
3115 SANTA FE TRAIL  
POLK CITY FL 33868**

10. Name and Address of New Registered Agent  
81 Name: Turner, Carol Dixie  
82 Street Address (P.O. Box Number is Not Acceptable): 3233 Appalachian Trail  
83  
84 City: Polk City, FL 85 Zip Code: 33868

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Carol Dixie Turner* Carol Dixie Turner 4/26/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILLIAM, BRETT F 2704 RED RIVER TRAIL POLK CITY FL	<input type="checkbox"/> DELETE	1.1 TITLE Turner, Carol Dixie 3233 Appalachian Trail Polk City, FL 33868
TITLE	VD HARRIS, THOMAS A 2715 RED RIVER TRAIL POLK CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE VPD Archer, John E. 3127 Appalachian Trail Polk City, FL 33868
TITLE	D LETCWORTH, RHONDA 2703 ABELINE TRAIL POLK CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE SD Amos, Joseph 3001 Santa Fe Trails Polk City, FL 33868
TITLE	D JENKINS, RITA 3322 CYPRESS TRAILS POLK CITY FL	<input type="checkbox"/> DELETE	4.1 TITLE TD Schelfo, Judy S. 208 W. Alamo Dr. Lakeland, FL 33813
TITLE	S BRUCE C. LOVEMAN 3115 SANTA FE TRAIL POLK CITY FL	<input type="checkbox"/> DELETE	5.1 TITLE D Hudson, Carl 3315 Cypress Trails Polk City, FL 33868
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE D Hudson, Carl 3315 Cypress Trails Polk City, FL 33868

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy S. Schelfo* Judy S. Schelfo, Treasurer 4/26/96 941-647-5554  
Signature and typed or printed name of signing officer or director. Date Day:me Phone #

CR2E037 (12/95)