


FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18973 (0)

1. Corporation Name
COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business 3233 APPALACHIAN TRAIL POLK CITY FL 33868 US	Mailing Address P.O. BOX 1022 POLK CITY FL 33868-1022 US
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2. Principal Place of Business 21 3001 Sante Fe Trails Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1022 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/28/1987	3a. Date of Last Report 05/01/1996
22 City & State 23 Polk City, FL	27 City & State 28 Polk City, FL	4. FEI Number 59-2760325	Applied For <input type="checkbox"/> Not Applicable
24 Zip 330868	25 Country US	29 Zip 33868-1022	30 Country US
9. Name and Address of Current Registered Agent TURNER, CAROL DIXIE 3233 APPALACHIAN TRAIL POLK CITY FL 33868		10. Name and Address of New Registered Agent 81 Name Joseph Amos 82 Street Address (P.O. Box Number is Not Acceptable) 3001 Sante Fe Trails 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: *[Signature]* **4/22/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, C AROL DIXIE		1.2 NAME	
STREET ADDRESS 3233 APPALACHIAN TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP POLK CITY FL		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARCHER, JOHN		2.2 NAME	
STREET ADDRESS 3127 APPALACHIAN TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP POLK CITY FL		2.4 CITY-ST-ZIP	
TITLE SDD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMOS, JOSEPH		3.2 NAME	Joseph Anos
STREET ADDRESS 3001 SANTE FE TRAILS		3.3 STREET ADDRESS	3001 Sante Fe Trails
CITY-ST-ZIP POLK CITY FL		3.4 CITY-ST-ZIP	Polk City, FL
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHELFO, JUDY S.		4.2 NAME	Kay Elliott
STREET ADDRESS 208 W. ALAMO DRIVE		4.3 STREET ADDRESS	208 W. Alamo Drive
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRUCE C. LOVEMAN		5.2 NAME	James Wright
STREET ADDRESS 3115 SANTA FE TRAIL		5.3 STREET ADDRESS	Old Spanish Trail
CITY-ST-ZIP POLK CITY FL		5.4 CITY-ST-ZIP	Polk City, FL
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUDSON, CARL		6.2 NAME	Gerald Chipps
STREET ADDRESS 3315 CYPRESS TRAILS		6.3 STREET ADDRESS	3116 Appalachian Trail
CITY-ST-ZIP POLK CITY FL		6.4 CITY-ST-ZIP	Polk City, FL

14. I do 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 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: *[Signature]* **4/22/97 941-647-5554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)