

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3001 SANTE FE TRAILS POLK CITY FL 33868 US</b>	Mailing Address <b>P.O. BOX 1022 POLK CITY FL 33868-3051 US</b>
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3. Date Incorporated or Qualified <b>01/28/1987</b>		
4. FEI Number <b>59-2760325</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>5018 Greenbrook Ln</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 5284</b> Suite, Apt. #, etc.
22 <b>Lakeland, FL</b> City & State	27 <b>Lakeland, FL</b> City & State
23 <b>Lakeland, FL</b> Zip	28 <b>Lakeland, FL</b> Zip
Country 25 <b>Polk</b>	Country 29 <b>Polk</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AMOS, JOSEPH**  
**3001 SANTE FE TRAILS**  
**POLK CITY FL 33868**

10. Name and Address of New Registered Agent  
 81 Name  
**Kay Elliott**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5018 Greenbrook Ln**  
 83  
 84 City  
**Lakeland** **FL** 85 Zip Code  
**33811**

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 of 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 *Kay Elliott* **Kay Elliott** **4/28/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHIPPS, GERALD 3116 APPALACHIAN TRAIL POLK CITY FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P - D Ann Geisel 2814 Cypress Trails Dr. Polk City, FL 33868</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WRIGHT, JAMES OLD SPANISH TRAIL POLK CITY FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V/P - D Daniel Hutto 2825 Cypress Trails Dr Polk City, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AMOS, JOSEPH 3001 SANTE FE TRAILS POLK CITY FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Joseph Amos 3001 Sante Fe Trail Polk City, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ELLIOTT, KAY 208 W ALAMO DR LAKELAND FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>S/T - D 5018 Greenbrook Ln Lakeland, FL 33811</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUDSON, CARL 3315 CYPRESS TRAILS POLK CITY FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 as an attachment with an address.

SIGNATURE: *Ann Geisel* **Ann Geisel** **4/27/98** **941-647-1739**

CR2E037 (10/97)