

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18973

1. Entity Name

COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

5018 GREENBROOK LN
LAKELAND FL 33811
US

Mailing Address

P O BOX 5284
LAKELAND FL 33807-5284
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2760325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, KAY
5018 GREENBROOK LN
LAKELAND FL 33811

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.

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**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEISEL, ANN	
STREET ADDRESS	2814 CYPRESS TRAILS DR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HUTTO, DANIEL	
STREET ADDRESS	2825 CYPRESS TRAILS DR	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMOS, JOSEPH	
STREET ADDRESS	3001 SANTA FE TRAIL	
CITY-ST-ZIP	POLK CITY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, KAY	
STREET ADDRESS	5018 GREENBROOK LN	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, CARL	
STREET ADDRESS	3315 CYPRESS TRAILS	
CITY-ST-ZIP	POLK CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D ⁿ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN, GEISEL	
STREET ADDRESS	2814 CYPRESS TRAILS DR.	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALE, LINDA	
STREET ADDRESS	2727 ABILENE TRAIL	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS, JOSEPH	
STREET ADDRESS	3001 SANTA FE TRAIL	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	SD / TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVEMAN, BRUCE	
STREET ADDRESS	3115 SANTA FE TR.	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, CARL	
STREET ADDRESS	3315 CYPRESS TRAILS DR.	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, JOSEPH	
STREET ADDRESS	2805 CYPRESS TRAILS DR	
CITY-ST-ZIP	POLK CITY, FL 33868	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90187 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)