
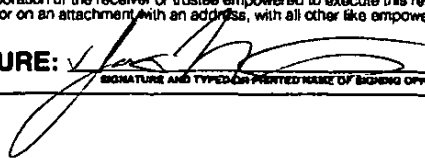


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/15/2005-90080-018-\$61.25-\$61.25

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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
6. Name and Address of Current Registered Agent ELLIOTT, KAY 5018 GREENBROOK LN LAKELAND, FL 33811		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	STEDING, JUDITH		
STREET ADDRESS	10217 OLD SPANISH TR.		
CITY-ST-ZIP	POLK CITY, FL 33868		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	HUDSON, ROB		
STREET ADDRESS	3315 CYPRESS TR DR		
CITY-ST-ZIP	POLK CITY, FL 33868		
TITLE	D	<input type="checkbox"/> Delete	
NAME	HUDSON, CARL		
STREET ADDRESS	3315 CYPRESS TR. DR.		
CITY-ST-ZIP	POLK CITY, FL 33868		
TITLE	D	<input type="checkbox"/> Delete	
NAME	STEDING, WILHEIM		
STREET ADDRESS	10217 OLD SPANISH TR.		
CITY-ST-ZIP	POLK CITY, FL 33868		
TITLE	D	<input type="checkbox"/> Delete	
NAME	JOHNSON, GARY		
STREET ADDRESS	3225 SANTA FE TR		
CITY-ST-ZIP	POLK CITY, FL 33868		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	PIQUET, GARY		
STREET ADDRESS	3322 CYPRESS TRAILS		
CITY-ST-ZIP	POLK CITY, FL 33868		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Steding, Judith		
STREET ADDRESS	10217 Old Spanish Trail		
CITY-ST-ZIP	Polk City, FL 33868		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mosler, James		
STREET ADDRESS	10229 Old Spanish Trail		
CITY-ST-ZIP	Polk City, FL 33868		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Largent, Glen		
STREET ADDRESS	3015 Sante Fe Trail		
CITY-ST-ZIP	Polk City, FL 33868		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Hughes, Sharon		
STREET ADDRESS	9304 Bob White		
CITY-ST-ZIP	Polk City, FL 33868		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Stansberry, Debbie		
STREET ADDRESS	3321 Cypress Trails Dr		
CITY-ST-ZIP	Polk City, FL 33868		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: 		JAMES Mosler, President 9/14/05 863-647-1739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	