
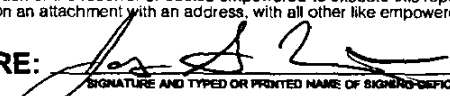


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90098 039 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2760325	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEDING, JUDITH		NAME	Jon Fridriksson	
STREET ADDRESS	10217 OLD SPANISH TRL		STREET ADDRESS	10611 Overland Trail	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City FL 33868	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, SHARON		NAME	Sharon Hughes	
STREET ADDRESS	9304 BOB WHITE		STREET ADDRESS	9304 Bob White Dr	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City FL 33868	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARGENT, GLEN		NAME	John Downs	
STREET ADDRESS	3015 SANTA FE TR		STREET ADDRESS	10622 Overland Tr	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City, FL 33868	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEDING, WLHEIM		NAME	Brian Tealge	
STREET ADDRESS	10217 OLD SPANISH TR.		STREET ADDRESS	9305 Bob White Dr	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City FL 33868	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GARY		NAME		
STREET ADDRESS	3225 SANTA FE TR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSIER, JAMES		NAME		
STREET ADDRESS	10229 OLD SPANISH TRAIL		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/6/07		863-647-1739
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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