


AMENDED
2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

02-06-2008 90031 008 *****61.25
 N18973

FILED

08 FEB 12 PM 4:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | | | |
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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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 01082008 Chg-NP CR2E037 (12/06) | |
| | | 4. FEI Number 59-2760325 | |
| | | Applied For Not Applicable | |
| | | 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 _____ 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, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DT FRIDRIKSSON, JON 10611 OVERLAND TR POLK CITY, FL 33868 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Fridriksson, Jon 10611 Overland Trail Polk City, FL 33868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HUGHES, SHARON 9304 BOB WHITE POLK CITY, FL 33868 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Armendartz, Linda 9613 Bob White Dr Polk City, FL 33868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOWNS, JOHN 10622 OVERLAOD TR POLK CITY, FL 33868 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Teagle, Brian 9305 Bob White Dr Polk City, FL 33868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEDING, WILHEIM 10217 OLD SPANISH TR. POLK CITY, FL 33868 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Polk City, FL 33868 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TEALGE, BRIAN 9305 BOB WHITE DR POLK CITY, FL 33868 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>JP 2/12</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOSIER, JAMES 10229 OLD SPANISH TRAIL POLK CITY, FL 33868 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ | | Date _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | |