<u>2020 FL</u>		JN ANNUAL REPUR		FILED	
DOCUME	NT# N0000002995			Feb 20, 2020	
Entity Name: COUNTY LINE TRADE CENTER PRO		OPERTY ASSOCIAT	FION, INC.	Secretary of State 1932423453CC	
	Principal Place of Business:			195242545566	
6915 S. R. 5 NEW PORT	54 RICHEY, FL 34653				
Current M	Mailing Address:				
6915 S. R	•				
FEI Number: 59-3694355			Certificate of Status Desired: No		
Name an	d Address of Current Registered Agent	:			
BLACKWEL 6915 S. R. 5 NEW PORT					
The above na	amed entity submits this statement for the purpose of chang	ing its registered office or reg	istered agent, or both	h, in the State of Florida.	
SIGNATL	IRE:				
	Electronic Signature of Registered Agent			Date	
Officer/D	irector Detail :				
Title	DIRECTOR	Title	SECRETARY,	TREASURER,	
Name	COOPER TRACEY		DIRECTOR		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY BLACKWELL

Electronic Signature of Signing Officer/Director Detail

02/20/2020 Date

FILED Feb 20, 2020 **Secretary of State** 1932423453CC

Title Name	DIRECTOR COOPER, TRACEY	Title	SECRETARY, TREASURER, DIRECTOR
Address	6915 STATE ROAD 54	Name	OLSON, JACQUELINE L
		Address	PO BOX 1971
City-State-Zip:	NEW PORT RICHET FL 34053	City-State-Zip:	NEW PORT RICHEY FL 34656
Title	PRESIDENT, DIRECTOR	Title	
Title Name	PRESIDENT, DIRECTOR BLACKWELL II, GARY L	Title Name	VP, DIRECTOR BLACKWELL, GARY L
	,		VP, DIRECTOR BLACKWELL, GARY L PO BOX 1085

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT