

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002995

**Entity Name:** COUNTY LINE TRADE CENTER PROPERTY ASSOCIATION, INC.**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC2102736979****Current Principal Place of Business:**6915 S. R. 54  
NEW PORT RICHEY, FL 34653**Current Mailing Address:**6915 S. R. 54  
NEW PORT RICHEY, FL 34653**FEI Number: 59-3694355****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLACKWELL, GARY L  
6915 S. R. 54  
NEW PORT RICHEY, FL 34653 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	COOPER, TRACEY
Address	6146 ROCKROSS AVE.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	PD
Name	BLACKWELL II, GARY L
Address	2832 SHIPSTON DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	SECRETARY, TREASURER, DIRECTOR
Name	OLSON, JACQUELINE L
Address	PO BOX 1971
City-State-Zip:	NEW PORT RICHEY FL 34656

Title	VP, DIRECTOR
Name	BLACKWELL, GARY L
Address	PO BOX 1085
City-State-Zip:	NEW PORT RICHEY FL 34656

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 L BLACKWELL****VP, DIRECTOR****01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date