2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N00000002995

Entity Name: COUNTY LINE TRADE CENTER PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:

6915 S. R. 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6915 S. R. 54
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3694355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKWELL, GARY L
6915 S. R. 54
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: SD ( ) Delete
Name: OLSON, JACQUELINE L
Address: POST OFFICE BOX 1971
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: PD ( ) Delete
Name: BLACKWELL, GARY L II
Address: 5720 CHIPPER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V ( ) Delete
Name: BLACKWELL, GARY L
Address: POST OFFICE BOX 1085
City-St-Zip: NEW PORT RICHEY, FL 34656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BLACKWELL, GARY L II
Address: 2831 SHIPSTON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY L. BLACKWELL V 02/12/2009

Electronic Signature of Signing Officer or Director — Date