
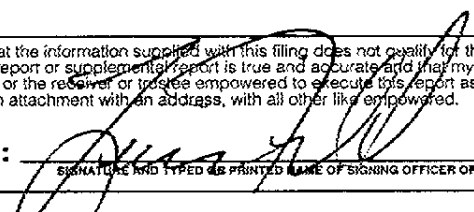


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003766</b>		
1. Entity Name COUNTY LINE COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.		
Principal Place of Business 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34689	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FRIEDLAND, LEW 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689		<b>DO NOT WRITE IN THIS SPACE</b>
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</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000083237 03/10/04-80031-010 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRIEDLAND, LEW 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ALDRIDGE, DANIEL 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FORD, DAVID 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2/4/04 727-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #