

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000003766



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**



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2063251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEDLAND, LEW
43309 US HWY 19 NORTH
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRIEDLAND, LEW
STREET ADDRESS	43309 US HWY 19 NORTH
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DV
NAME	ALDRIDGE, DANIEL
STREET ADDRESS	43309 US HWY 19 NORTH
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DST
NAME	FORD, DAVID
STREET ADDRESS	43309 US HWY 19 NORTH
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/05-80043-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

2/10/05

Date

727 942-2591

Daytime Phone #