

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90125 001 ***211.25

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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

66001018



01172006 No Chg-NP

CR2E037 (11/05)

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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FRIEDLAND, LEW
43309 US HWY 19 NORTH
TARPON SPRINGS, FL 34689

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/18/06

Date

(727)942-2591

Daytime Phone #