2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000000167

FILED Jun 25, 2009 Secretary of State

Entity Name: COUNTRY CLUB TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1925 E. EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803

New Mailing Address: Current Mailing Address:

PO BOX 2562 LAKELAND, FL 33803

FEI Number: 20-4948183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMPLETE PROPERTY MANAGEMENT SOLUTIONS 1925 E. EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LADERER, EDWARD H JR. PEEPLES, MICHAEL Name: Name:

1925 EAST EDGEWOOD DRIVE #100 Address: 1925 EAST EDGEWOOD DR., SUITE 100 Address:

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803

Title: () Delete Title: (X) Change () Addition

MASTERS, GREGORY A Name: Name: DIAZ, ZACH

1925 EAST EDGEWOOD DR., SUITE 100 Address: 1925 EAST EDGEWOOD DRIVE #100 Address:

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803

Title: () Delete Title: () Change (X) Addition Name: WEGGELAND, JARED Name:

1925 EAST EDGEWOOD DR., SUITE 100 Address: Address:

City-St-Zip: City-St-Zip: LAKELAND, FL 33803

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: MICHAEL PEEPLES D 06/25/2009