

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18973 (0)**  
1. Corporation Name  
**COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC**



Principal Place of Business  
**3233 Appalachian Trail  
Polk City, FL 33868**

Mailing Address  
**P.O. BOX 1022  
POLK CITY FL 33868-3051  
US**

3. Date Incorporated or Qualified  
**01/28/1987**

3a. Date of Last Report  
**10/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2760325</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
29	30		

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**LOVEMAN, BRYCE C  
3115 SANTA FE TRAIL  
POLK CITY FL 33868**

81 Name  
**Turner, Carol Dixie**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3233 Appalachian Trail**

83

84 City  
**Polk City, FL**

85 Zip Code  
**33868**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Carol Dixie Turner* **Carol Dixie Turner**

**4/26/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM, BRETT F</b>	1.2 NAME	<b>Turner, Carol Dixie</b>
STREET ADDRESS	<b>2704 RED RIVER TRAIL</b>	1.3 STREET ADDRESS	<b>3233 Appalachian Trail</b>
CITY-ST-ZIP	<b>POLK CITY FL</b>	1.4 CITY-ST-ZIP	<b>Polk City, FL 33868</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, THOMAS A</b>	2.2 NAME	<b>Archer, John E.</b>
STREET ADDRESS	<b>2715 RED RIVER TRAIL</b>	2.3 STREET ADDRESS	<b>3127 Appalachian Trail</b>
CITY-ST-ZIP	<b>POLK CITY FL</b>	2.4 CITY-ST-ZIP	<b>Polk City, FL 33868</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEITCHWORTH, RHONDA</b>	3.2 NAME	<b>Amos, Joseph</b>
STREET ADDRESS	<b>2703 ABELINE TRAIL</b>	3.3 STREET ADDRESS	<b>3001 Santa Fe Trails</b>
CITY-ST-ZIP	<b>POLK CITY FL</b>	3.4 CITY-ST-ZIP	<b>Polk City, FL 33868</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, RITA</b>	4.2 NAME	<b>Schelfo, Judy S.</b>
STREET ADDRESS	<b>3322 CYPRESS TRAILS</b>	4.3 STREET ADDRESS	<b>208 W. Alamo Dr.</b>
CITY-ST-ZIP	<b>POLK CITY FL</b>	4.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCE C. LOVEMAN</b>	5.2 NAME	
STREET ADDRESS	<b>3115 SANTA FE TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POLK CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Hudson, Carl</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3315 Cypress Trails</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Polk City, FL 33868</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Judy S. Schelfo*  
**Judy S. Schelfo, Treasurer**

**4/26/96**

Date

**941-647-5554**

Daytime Phone #

CR2E037 (12/95)