

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
4. FEI Number: 59-2760325
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**LOVEMAN, BRYCE C
3115 SANTA FE TRAIL
POLK CITY FL 33868**

10. Name and Address of New Registered Agent
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)

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

Change/Addition indicators for rows 1.1-6.4 in Block 13.

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: *Judy S. Schelfo* Judy S. Schelfo, Treasurer 4/26/96 941-647-5554
Signature and typed or printed name of signing officer or director. Date Day:me Phone #

CR2E037 (12/95)