## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

•						
Principal Place of Business		Mailing Address		- I LADDINOOT AŠE LIODA IDALA IDALA	TOBOO IIII BIBIL OLDII OIG	ing Birgin Birgin Andur (\$ 0)
3233 APPALACHIAN TRAIL POLK CITY FL 33868 US		P.O. BOX 1022 POLK CITY FL 33888-1022 US		!		
				3. Date Incorporated or Qualift 01/28/1987	ied 3a. Date of 05/	Last Report 01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	<u>-</u>	Applied For
21 3001 Suite, Apt	SanteFe Trails	26 P.O. Box 10	22	59-2760325		Not Applicable
22		Suite, Apt. #, etc.		6. Certificate of Status Desired	· 🗆 💲	<b>B.75</b> Additional Fee Required
City & Sta		City & State	,	6. Election Campaign Financin	ng <b>\$</b>	5.00 May Be
	City, FL	28 Polk City,		Trust Fund Contribution		Added to Fees
Zip 24 33086	Country 58 25 US	Zip 23060 1000 5	Country	8. This corporation has liability		
24  33000	9. Name and Address of Curren	29   33868-1022   3	10 US	Florida Statutes 10. Name and Address of Nev	Yes V No	
		· · · · · · · · · · · · · · · · · · ·	81 Name		/ negistered Agen	а
T) IRNE	R, CAROL DIXIE			Joseph Amos		ė.
	PPALACHIAN TRAIL			Address (P.O. Box Number is Not Acce	ptable)	
	CITY FL 33868		63	3001 Sante Fe Trails		
, , ,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	/ ,)		84 City	Polk City	E1 85	Zip Code 33868
11. Pursuant	to the provisions of Segtions 617.0502	2 and 617.1508, Florida Statute	the above-named	corporation submits this statement for t	the purpose of char	Ding its registered
office or a agent. I a	registered agent, or beth, in the State am familiar with, appraceent he obliga	of Florida. Such mange was au	thorized by the cor	corporation submits this statement for to poration's board of directors. I hereby a	ccept the appointm	ent as registered
SIGNATURE	1 mour	William Charles and Charles an	ua Siziules.		4/22/	O~-
SIGNATURE	Signal of types of printed name of registered ager	nt and title if applicable. (NOTE	Registered Agent signature	a required when reinstating)	DATE	4/
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO O		ECTORS IN 12
TITLE	(PD-/	X DELETE	1.1 TITLE			hange Addition
NAME	TURNER, C AROL DIXIE		1.2 NAME			
STREET ADDRESS	3233 APPALACHIAN TRAIL		1.3 STREET ADDRESS			a.
CITY-ST-ZIP	POLK CITY FL		1.4 CITY-ST-ZIP	,		1 .
TITLE	VD	DELETE	2.1 TITLE			hange 🔲 Addition
NAME	ARCHER, JOHN		2.2 NAME			
STREET ADDRESS	3127 APPALACHIAN TRAIL		2.3 STREET ADDRESS			
CITY - ST - ZIP	POLK CITY FL		2.4 CITY-ST-ZIP			
TITLE	SDD AMOS JOSEPH	☐ DELETE	3.1 TITLE	PD	IXI c	hange Addition
NAME	AMOS, JOSEPH 3001 SANTE FE TRAILS		32 NAME	Joseph Anos		
STREET ADDRESS	POLK CITY FL		3 3 STREET ADDRESS	3001 Sante Fe Trails	3	
CITY-ST-ZIP TITLE	TD TO	X DELETE	3.4. CITY - ST - ZIP	Polk City, FL		
NAME	SCHELFO, JUDY S.	מלו הברבוב	4.1 TITLE	STD	□ 6	hange 🙀 Addition
STREET ADDRESS	208 W. ALAMO DRIVE		4. 2 NAME	Kay Elliott		į
CITY-ST-ZIP	LAKELAND FL		4.3 STREET ADDRESS	208 W. Alamo Drive		J
TITLE	D	X DELETE	4.4 CITY - ST - ZIP	Lakeland, FL		<b>101</b> 2 2 2 2 2
NAME	BRUCE C. LOVEMAN	MEN ACTIVE	5.1 TITLE 5.2 NAME	D James Wright	□ c	hange 🗶 Addition
STREET ADDRESS	3115 SANTA FE TRAIL			Old Spanish Trail		
DITY-ST-ZIP	POLK CITY FL		5.3 STREET ADDRESS	Polk City, FL		
TITLE	D	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	D D	c	hanna ev taldisia
NAME	HUDSON, CARL	and occur	6.2 NAME	7	ᇦᅜ	hange 🙀 Addition
STREET ADDRESS	3315 CYPRESS TRAILS		6.3 STREET ADORESS	Gerald Chipps		
CITY - ST - ZIP	POLK CITY FL		6.3 STREET ADDRESS	3116 Appalachian Tra	111	

14. I do 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 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:

**FILED** 

May 13 1997 8:00am

Secretary of State