

FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18973 (0)
 1. Corporation Name
COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business 3001 SANTE FE TRAILS POLK CITY FL 33868 US	Mailing Address P.O. BOX 1022 POLK CITY FL 33868-3051 US
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3. Date Incorporated or Qualified 01/28/1987		
4. FEI Number 59-2760325	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 5018 Greenbrook Ln Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 5284 Suite, Apt. #, etc.
22 Lakeland, FL City & State	27 Lakeland, FL City & State
23 Lakeland, FL Zip	28 Lakeland, FL Zip
Country 24 Polk	Country 29 Polk

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMOS, JOSEPH
3001 SANTE FE TRAILS
POLK CITY FL 33868

10. Name and Address of New Registered Agent
 81 Name
Kay Elliott
 82 Street Address (P.O. Box Number is Not Acceptable)
5018 Greenbrook Ln
 83
 84 City
Lakeland **FL** 85 Zip Code
33811

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 of 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 *Kay Elliott* **Kay Elliott** **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIPPS, GERALD 3116 APPALACHIAN TRAIL POLK CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JAMES OLD SPANISH TRAIL POLK CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMOS, JOSEPH 3001 SANTE FE TRAILS POLK CITY FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLIOTT, KAY 208 W ALAMO DR LAKELAND FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, CARL 3315 CYPRESS TRAILS POLK CITY FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P - D Ann Geisel 2814 Cypress Trails Dr. Polk City, FL 33868	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/P - D Daniel Hutto 2825 Cypress Trails Dr Polk City, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Joseph Amos 3001 Sante Fe Trail Polk City, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/T - D 5018 Greenbrook Ln Lakeland, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 as an attachment with an address.

SIGNATURE: *Ann Geisel* **Ann Geisel** **4/27/98** **941-647-1739**

CR2E037 (10/97)