

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
--	---	---

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
--	--



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 City & State
23 Lakeland, FL Zip	28 Lakeland, FL Zip
24 33811 Country	29 33807-5284 Country

3. Date Incorporated or Qualified 01/28/1987	
4. FEI Number 59-2760325	Applied For <input type="checkbox"/> Not Applicable

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
85 Zip Code FL 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, 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  **Kay Elliott** **4/28/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE CHIPPS, GERALD 3116 APPALACHIAN TRAIL POLK CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE WRIGHT, JAMES OLD SPANISH TRAIL POLK CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE AMOS, JOSEPH 3001 SANTE FE TRAILS POLK CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> DELETE ELLIOTT, KAY 208 W ALAMO DR LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE HUDSON, CARL 3315 CYPRESS TRAILS POLK CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ann Geisel 2814 Cypress Trails Dr. Polk City, FL 33868
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/P - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel Hutto 2825 Cypress Trails Dr Polk City, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Amos 3001 Sante Fe Trail Polk City, FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/T - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5018 Greenbrook Ln Lakeland, FL 33811
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** **4/27/98** **941-647-1739**

CR2E037 (10/97)