


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90182 048 ****61.25

0056965

| | | | | | |
|---|---|---|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N18973 | | | | | |
| 1. Corporation Name COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC | | | | | |
| Principal Place of Business 5018 GREENBROOK LN LAKELAND FL 33811 US | | | Mailing Address P O BOX 5284 LAKELAND FL 33807-5284 US | | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 01/28/1987 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-2760325 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent ELLIOTT, KAY 5018 GREENBROOK LN LAKELAND FL 33811 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City FL 85 Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | GEISEL, ANN | | | | |
| STREET ADDRESS | 2814 CYPRESS TRAILS DR | | | | |
| CITY-STATE-ZIP | POLK CITY FL 33868 | | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | | |
| NAME | HUTTO, DANIEL | | | | |
| STREET ADDRESS | 2825 CYPRESS TRAILS DR | | | | |
| CITY-STATE-ZIP | POLK CITY FL | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | AMOS, JOSEPH | | | | |
| STREET ADDRESS | 3001 SANTE FE TRAIL | | | | |
| CITY-STATE-ZIP | POLK CITY FL | | | | |
| TITLE | STD | <input type="checkbox"/> DELETE | | | |
| NAME | ELLIOTT, KAY | | | | |
| STREET ADDRESS | 5018 GREENBROOK LN | | | | |
| CITY-STATE-ZIP | LAKELAND FL 33811 | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | HUDSON, CARL | | | | |
| STREET ADDRESS | 3315 CYPRESS TRAILS | | | | |
| CITY-STATE-ZIP | POLK CITY FL | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-STATE-ZIP | | | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-STATE-ZIP | | | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-STATE-ZIP | | | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-STATE-ZIP | | | | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-STATE-ZIP | | | | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-STATE-ZIP | | | | | |



SIGNATURE:

SIGNATURE GEISEL ANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 941-647-1739
Date Daytime Phone #

CR2E037 (11/98)