

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18973

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2760325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, KAY  
5018 GREENBROOK LN  
LAKELAND FL 33811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GEISEL, ANN  
STREET ADDRESS 2814 CYPRESS TRAILS DR  
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE D  
NAME ANN, GEISEL  
STREET ADDRESS 2814 CYPRESS TRAILS DR.  
CITY-ST-ZIP POLK CITY, FL 33868 ☒ Change ☐ Addition

TITLE VPD  
NAME HUTTO, DANIEL  
STREET ADDRESS 2825 CYPRESS TRAILS DR  
CITY-ST-ZIP POLK CITY FL ☒ Delete

TITLE D  
NAME HALE, LINDA  
STREET ADDRESS 2727 ABILENE TRAIL  
CITY-ST-ZIP POLK CITY, FL 33868 ☐ Change ☒ Addition

TITLE D  
NAME AMOS, JOSEPH  
STREET ADDRESS 3001 SANTA FE TRAIL  
CITY-ST-ZIP POLK CITY FL ☐ Delete

TITLE PD  
NAME AMOS, JOSEPH  
STREET ADDRESS 3001 SANTA FE TRAIL  
CITY-ST-ZIP POLK CITY, FL 33868 ☒ Change ☐ Addition

TITLE STD  
NAME ELLIOTT, KAY  
STREET ADDRESS 5018 GREENBROOK LN  
CITY-ST-ZIP LAKELAND FL 33811 ☒ Delete

TITLE SD / TD  
NAME LOVEMAN, BRUCE  
STREET ADDRESS 3115 SANTA FE TR.  
CITY-ST-ZIP POLK CITY, FL 33868 ☒ Change ☐ Addition

TITLE D  
NAME HUDSON, CARL  
STREET ADDRESS 3315 CYPRESS TRAILS  
CITY-ST-ZIP POLK CITY FL ☐ Delete

TITLE VPD  
NAME HUDSON, CARL  
STREET ADDRESS 3315 CYPRESS TRAILS DR.  
CITY-ST-ZIP POLK CITY, FL 33868 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME BLACK, JOSEPH  
STREET ADDRESS 2805 CYPRESS TRAILS DR  
CITY-ST-ZIP POLK CITY, FL 33868 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90187 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)