


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90011 049 \*\*\*\*61.25

<b>DOCUMENT # N18973</b>					
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
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEDING, JUDITH 10217 OLD SPANISH TR. POLK CITY, FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gary Piquet 3322 Cypress Trails Polk City, FL 33868	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUDSON, ROB 3315 CYPRESS TR DR POLK CITY, FL 33868	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rob Hudson 3315 Cypress Tr Dr Polk City, FL 33868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUDSON, CARL 3315 CYPRESS TR. DR. POLK CITY, FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Polk City, FL 33868 D Carl Hudson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEDING, WILHEIM 10217 OLD SPANISH TR. POLK CITY, FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jim Mosier 10229 Old Spanish Tr Polk City, FL 33868	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GARY 3225 SANTA FE TR POLK CITY, FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tony Taylor 3054 Santa Fe Tr Polk City, FL 33868	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Polk City, FL 33868 D Glen Largent 3015 Santa Fe Tr Polk City, FL 33868	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 another like empowered.					
SIGNATURE: <i>Judith Steding</i>				3/10/04 863 647 1739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

54026202

% D - 4 5 3 / 6 6 6 6 6 6 D &

03092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2760325 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

FL Zip Code

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
STEDING, JUDITH  
10217 OLD SPANISH TR.  
POLK CITY, FL 33868

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
Gary Piquet  
3322 Cypress Trails  
Polk City, FL 33868

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
HUDSON, ROB  
3315 CYPRESS TR DR  
POLK CITY, FL 33868

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
Rob Hudson  
3315 Cypress Tr Dr  
Polk City, FL 33868

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
HUDSON, CARL  
3315 CYPRESS TR. DR.  
POLK CITY, FL 33868

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Polk City, FL 33868  
D  
Carl Hudson

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
STEDING, WILHEIM  
10217 OLD SPANISH TR.  
POLK CITY, FL 33868

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
Jim Mosier  
10229 Old Spanish Tr  
Polk City, FL 33868

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
JOHNSON, GARY  
3225 SANTA FE TR  
POLK CITY, FL 33868

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Tony Taylor  
3054 Santa Fe Tr  
Polk City, FL 33868

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Polk City, FL 33868  
D  
Glen Largent  
3015 Santa Fe Tr  
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 another like empowered.

SIGNATURE: *Judith Steding*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04  
Date

863 647 1739  
Daytime Phone #