

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2006 8:00 am**  
**Secretary of State**

09-13-2006 90002 021 \*\*\*\*61.25

**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

60038875



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2760325

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 SD  
STREET ADDRESS STEDING, JUDITH  
CITY-ST-ZIP 10217 OLD SPANISH TRL  
POLK CITY, FL 33868 ☐ Delete

TITLE  
NAME VPD  
STREET ADDRESS Largent, Glen  
CITY-ST-ZIP 3016 Santa Fe Tr  
Polk City, FL 33868 ☐ Change ☒ Addition

TITLE  
NAME TD  
STREET ADDRESS HUDSON, ROB  
CITY-ST-ZIP 3315 CYPRESS TR DR  
POLK CITY, FL 33868 ☒ Delete

TITLE  
NAME D  
STREET ADDRESS Hughes, Sharon  
CITY-ST-ZIP 9304 Bob White  
Polk City, FL 33868 ☐ Change ☒ Addition

TITLE  
NAME D  
STREET ADDRESS HUDSON, CARL  
CITY-ST-ZIP 3315 CYPRESS TR. DR.  
POLK CITY, FL 33868 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS STEDING, WILHEIM  
CITY-ST-ZIP 10217 OLD SPANISH TR.  
POLK CITY, FL 33868 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS JOHNSON, GARY  
CITY-ST-ZIP 3225 SANTA FE TR  
POLK CITY, FL 33868 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME PD  
STREET ADDRESS MOSIER, JAMES  
CITY-ST-ZIP 10229 OLD SPANISH TRAIL  
POLK CITY, FL 33868 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #