AMENDED 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-06-2008 90031 008 *****61.25 N18973

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DOCUMENT # N18973 1. Entity Name COUNTRY TRAILS PROPERTY OWNERS' ASSOCIATION, INC.						FILED FEB 12 PM 4 MLTARY OF ST	
Principal Place of Business 5018 GREENBROOK LIN P 0 BOX 5284 LAKELAND, FL 33811 US LAKELAND, FL 33807-			5284 US		FALL	AHASSEE, FL	ORIDA
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	·				
		Suite, Apt. #, etc.			Br 14:18 1314 14 16 141	i dibil minte diffi asan minte mi	11221 61 (561
Suite, Apt. #, etc.					Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-27603	25	 	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Add	
	6. Name and Address of Curren	t Registered Agent		7. Name and Ad	Idress of New R	Registered Agent	
ELLIOTT, KAY 5018 GREENBROOK LN LAKELAND, FL 33811				Name Street Address (P.O. Box Number is Not Acceptable)			
בייים בייים			<u> </u>				
			City			FL Zip Cod	e
	named entity submits this statement to ions of registered agent.	or the purpose of changing its r	egistered office or re	registered agent, or both, i	n the State of Fig	orida. I am famillar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	·	DATE	
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	9. Election Carm Trust Fund Co	paign Financing	\$5.00 May Be		DATE take check payable to ida Department of Si	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	Election Cam Trust Fund Cam IRECTORS	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	take check payable to Ida Department of SI RS AND DIRECTORS IN	tato
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10. Title NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D TRIDRIKSSON, JON 10611 OVERLAND TR POLK CITY, FL 33868 DS HUGHES, SHARON 9304 BOB WHITE	Election Cam Trust Fund Cam IRECTORS	paign Financing ontribution. C 11. IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANI D Fridriksson, Jon	Fior GES TO OFFICE	take check payable to Ida Department of SI RS AND DIRECTORS IN	tato
10. ITILE IMAME STREET ADDRESS CITY-51-ZIP ITILE HAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D DT FRIDRIKSSON, JON 10611 OVERLAND TR POLK CITY, FL 33868 DS HUGHES, SHARON	9. Election Cam Trust Fund Co IRECTORS	paign Financing ontribution. C 11. IIILE NAME STREET ADDRESS CITY-SI-2P IIILE NAME SIREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAN D Fridriksson, Jon 10611 Overland Trai Polik City, Fl 33868 DT Armendartz, Linda	Fior GES TO OFFICE	take check payable to ida Department of Si RS AND DIRECTORS IN Change	tate I 1D Addition
10. TITLE RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND D TRIDRIKSSON, JON 10611 OVERLAND TR POLK CITY, FL 33868 DS HUGHES, SHARON 9304 BOB WHITE POLK CITY, FL 33868 D DOWNS, JOHN 10622 OVERLAOD TR	9. Election Carm Trust Fund Co	paign Financing Ontribution. C 11. IITLE NAME STREET ADDRESS CITY-ST-2P IITLE NAME STREET ADDRESS CITY-ST-2P IITLE NAME STREET ADDRESS CITY-ST-2P IITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAN D Fridriksson, Jon 10611 Overland Trai Polik City, FI 33868 DT Armendariz, Linda 9613 Bob White Dr Polik City, FI 33868 DVP Teagle, Brian	Fior GES TO OFFICE	take check payable to ide Department of Si RS AND DIRECTORS IN Change	Late I 10 Addition Addition
10. IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE AAME STREET ADDRESS STREET ADDRESS	FILING Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D DT FRIDRIKSSON, JON 10611 OVERLAND TR POLK CITY, FL 33868 DS HUGHES, SHARON 9304 BOB WHITE POLK CITY, FL 33868 D DOWNS, JOHN 10622 OVERLAOD TR POLK CITY, FL 33868 D STEDING, WILHEIM 10217 OLD SPANISH TR.	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANI D Fridriksson, Jon 10611 Overland Trai Polik City, FI 33868 DT Armendartz, Linda 9613 Bob White Dr Polik City, FI 33868 DVP Teagle, Brian 9305 Bob White Dr	Flor	take check payable to ida Department of Si RS AND DIRECTORS IN Change Change Change	tate I 10 Addition Addition 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 of 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

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