

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90149 023 \*\*\*\*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**

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

CHECK HERE IF MAKING CHANGES



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

**FILE NOW: FEE IS \$61.25**

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 **PD**  Delete  
NAME **AMOS, JAY**  
STREET ADDRESS **3001 SANTA FE TR**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **PD**  Change  Addition  
NAME **Judith Steding**  
STREET ADDRESS **10217 Old Spanish Tr**  
CITY-ST-ZIP **Polk City, FL 33868**

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

TITLE **STD**  Change  Addition  
NAME **Carl Hudson**  
STREET ADDRESS **3315 Cypress Tr Dr**  
CITY-ST-ZIP **Polk City, FL 33868**

TITLE **D**  Delete  
NAME **TOWNSEND, DALE**  
STREET ADDRESS **4141 WOODSBRIDGE DR**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D**  Change  Addition  
NAME **Wilhelm Steding**  
STREET ADDRESS **10217 Old Spanish Tr**  
CITY-ST-ZIP **Polk City, FL 33868**

TITLE **STD**  Delete  
NAME **SMITH, ED**  
STREET ADDRESS **3340 CYPRESS TR DR**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Rob Hudson VPD 4/30/03 8636471739*

CR2E037 (10/02)