

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



☐ CHECK HERE IF MAKING CHANGES

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

**ELLIOTT, KAY
5018 GREENBROOK LN
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> Delete
NAME	AMOS, JAY	
STREET ADDRESS	3001 SANTA FE TR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUDSON, ROB	
STREET ADDRESS	3315 CYPRESS TR DR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, DALE	
STREET ADDRESS	4141 WOODSBRIDGE DR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ED	
STREET ADDRESS	3340 CYPRESS TR DR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, GARY	
STREET ADDRESS	3225 SANTA FE TR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Steding	
STREET ADDRESS	10217 Old Spanish Tr	
CITY-ST-ZIP	Polk City, FL 33868	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Hudson	
STREET ADDRESS	3315 Cypress Tr Dr	
CITY-ST-ZIP	Polk City, FL 33868	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilhelm Steding	
STREET ADDRESS	10217 Old Spanish Tr	
CITY-ST-ZIP	Polk City, FL 33868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Rob Hudson

VPD

4/30/03

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CR2E037 (10/02)