

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N32563 (1)**

1. Corporation Name

**COUNTRY TRAILS PHASE FOUR PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

208 W ALAMO DR  
LAKELAND FL 33813  
US

P.O. BOX 5400  
LAKELAND FL 33807-5400  
US



3. Date Incorporated or Qualified  
**05/30/1989**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-2949571**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARPER, ROBERT F III  
208 W ALAMO DR  
LAKELAND FL 33813**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HARPER, ROBERT F III**  
STREET ADDRESS **208 W ALAMAO DR**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☒ DELETE

NAME **ESPOSITO, BARNIE LEE**  
STREET ADDRESS **208 W ALAMO DR**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **STD** ☒ DELETE

NAME **CALLAHAN, JUDY S**  
STREET ADDRESS **208 W ALAMO DR**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS **208 W. Alamo Dr. (spelling change)**  
1.4 CITY-ST-ZIP **33813**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **Edward M. Fugate**  
2.3 STREET ADDRESS **4033 Big Bend Trail**  
2.4 CITY-ST-ZIP **Polk City, FL 33868**

3.1 TITLE **STD** ☐ Change ☒ Addition

3.2 NAME **Josephine D. Yourn**  
3.3 STREET ADDRESS **8820 Hammock Loop**  
3.4 CITY-ST-ZIP **Polk City, FL 33868**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Josephine D. Yourn, Secretary/Treasurer**

4/26/96

941-647-5554

Day

Daytime Phone #

CR2E037 (12/95)