

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32563 (1)**

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

Principal Place of Business <b>208 W ALAMO DR LAKELAND FL 33813 US</b>	Mailing Address <b>P.O. BOX 5400 LAKELAND FL 33807-5400 US</b>
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3. Date Incorporated or Qualified <b>05/30/1989</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business <b>21 Same as above</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
4. FEI Number <b>59-2949571</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HARPER, ROBERT F III 208 W ALAMO DR LAKELAND FL 33813</b>		10. Name and Address of New Registered Agent	
<i>To Remain Same</i>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, ROBERT F III	1.2 NAME	
STREET ADDRESS	208 W ALAMO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGATE, EDWARD	2.2 NAME	Edward Fugate
STREET ADDRESS	4033 BIG BEND TRAIL	2.3 STREET ADDRESS	4033 Big Bend Trail
CITY-ST-ZIP	POLK CITY FL	2.4 CITY-ST-ZIP	Polk City, FL
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOURN, JOSEPHINE	3.2 NAME	Josephine, Yourn
STREET ADDRESS	8820 HAMMOCK LOOP	3.3 STREET ADDRESS	8820 Hammock Loop
CITY-ST-ZIP	POLK CITY FL	3.4 CITY-ST-ZIP	Polk City, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	STD Kay Elliott
STREET ADDRESS		4.3 STREET ADDRESS	208 W. Alamo Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lakeland, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_ 4/22/97 941-647-5504

CR2E037 (9/96)