

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business 2a. Mailing Address
21 5018 Greenbrook Ln 26 P.O. Box 5284
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lakeland, FL 28 Lakeland, FL
Zip Country Zip Country
24 33811 25 Polk 29 33807-5284 30 Polk

3. Date Incorporated or Qualified
05/30/1989
4. FEI Number Applied For
59-2949571 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Certificate Filing ☐ Trust Fund Contribution ☐ Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HARPER, ROBERT F III
208 W ALAMO DR
LAKELAND FL 33813
10. Name and Address of New Registered Agent
81 Name
Kay Elliott
82 Street Address (P.O. Box Number Is Not Acceptable)
5018 Greenbrook Ln
83
84 City
Lakeland FL 85 Zip Code
33811

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 Kay Elliott 4/28/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE V/P - D
1.2 NAME Nancy Lott
1.3 STREET ADDRESS 3901 Big Bend Tr.
1.4 CITY-ST-ZIP Polk City, FL 33868
2.1 TITLE S/T - D
2.2 NAME Ken Shanefelter
2.3 STREET ADDRESS 9009 Hammock Ip
2.4 CITY-ST-ZIP Polk City, FL 33868
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: Edward M. Funder 941-984-9500

CR2E037 (10/97)