

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90016 003 ****61.25

0044568

DOCUMENT # N32563

1. Entity Name

**COUNTRY TRAILS PHASE FOUR PROPERTY OWNERS' ASSOC
 IATION, INC.**

Principal Place of Business

Mailing Address

**5018 GREENBROOK LN
 LAKELAND FL 33811
 US**

**P O BOX 5284
 LAKELAND FL 33807-284
 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

59-2949571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
 NAME **LOTT, NANCY**
 STREET ADDRESS **3901 BIG BEND TR**
 CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **DT** ☐ Change ☒ Addition
 NAME **BRIAN MACIORSKI**
 STREET ADDRESS **4036 Big Bend Trail**
 CITY-ST-ZIP **Polk City FL 33868**

TITLE **PD** ☐ Delete
 NAME **FUGATE, EDWARD**
 STREET ADDRESS **4033 BIG BEND TRAIL**
 CITY-ST-ZIP **POLK CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DTS** ☒ Delete
 NAME **MACIORSKI, JULIE**
 STREET ADDRESS **5440 HILL NORTH DALE LANE**
 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
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 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:

Nancy J Lott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 (863) 647-1739
 Date Daytime Phone #

CR2E037 (9/01)