

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90252 031 ****61.25

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50438

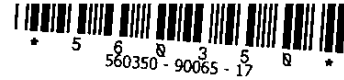
1. Corporation Name

Country View Meadows III & IV Property
 Owners Association

Principal Place of Business

Mailing Address

5100 US 98N#15
 Lakeland, FL 33809



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 8-19-92	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3129247	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent

Kenneth F. Wilhelm
 5100 US 98N #15
 Lakeland, FL 33809

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Joe L. Saunders
NAME	Charles Turner	1.2 NAME	5100 US 98N #15
STREET ADDRESS	5345 Turtle Dove Trail	1.3 STREET ADDRESS	Lakeland, FL 33809
CITY-ST-ZIP	Lakeland, FL 33810	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	JO
NAME	Joey Allen	2.2 NAME	Jerry D. Miller
STREET ADDRESS	5261 Meadow Grove Trail	2.3 STREET ADDRESS	P.O. Drawer 6500
CITY-ST-ZIP	Lakeland, FL 33800	2.4 CITY-ST-ZIP	Lakeland, FL 33807
TITLE	S	3.1 TITLE	
NAME	Linda Mahoney	3.2 NAME	
STREET ADDRESS	6901 Dove Meadow TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33810	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	Barbara Souza	4.2 NAME	
STREET ADDRESS	5276 Meadow Grove Tr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33810	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME	Jim Ray	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	Kenneth F. Wilhelm	6.2 NAME	
STREET ADDRESS	5100 US 98N #15	6.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33809	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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth F. Wilhelm 4-21-99 941/358-5286

CR2E037 (1/98)