DOCUMENT # N50438 1. Entity Name COUNTRY VIEW ESTATES III & IV PROPERTY OWNERS AS							FILED May 08, 2000 8:00 am Secretary of State				
Principal Plac	ce of Business		Mailing Address				05-08-2000 9				
5100 U.S. 98T SUITE 15 LAKELAND FL			5100 U.S. 98TH NORTH SUITE 15 LAKELAND FL 33809							41	
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State			4. FEI Number Applied For Not Applied by Not Applied For Not A					
Zip	Zip Country		Zip Coul		intry	5. Certificate	of Status Desired		3.75 Addi e Required		
	6. Name	and Address of Current R	egistered Agent	1		7. Name and	Address of New Reg	gistered Age	ent		
Ÿ		<u> </u>		سوري	Name						
WILHELM, KENNETH F. 5100 U.S. 98TH NORTH					Street Address (P.O. Box Number is Not Acceptable)						
	98 IH NUKI	н								1	
Suite 15 Lakelani	D FL 33809			City			FL	Zip Code	,		
SIGNATURE			d title if applicable. (NOT 9. Election Campaign Trust Fund Contrib	n Financii		ed when reinstating) OO May Be ed to Fees		Check Payartment of			
10		OCCIOEDE AND DIDE	CTORS	1 44		ADDITIONS (CLI	ANGER TO GETCERS	S AND DIDEC	TODE IN	10	
10.	I nn	OFFICERS AND DIRE		11.	·	ADDITIONS/CH	ANGES TO OFFICERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	CHARLES LE DOVE TRAIL FL 33810	☐ Delete		I			L] Change	Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, JO 5261 MEAL	EY DOW GROVE TRAIL	☐ Delete		I] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKELAND S MAHONEY 6901 DOVE LAKELAND	LINDA E MEADOW GROVE TRA	☐ Delete	TITLE NAMI STRE				[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUZA, B/	ARBARA DOW GROVE TR.	☐ Delete		l l	, iau) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	KENNETH F 8N # 15	☐ Delete		l l] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS 5100 US 9 LAKELAND	6, JOE L 8N # 15	☐ Delete		į.) Change	Addition	
indicated	on this ropart	or cumplemental report is to	nis filing does not qualify for ue and accurate and that re ered to execute this report thall other like empowered.	nu oianat	ura chall hava tha	como logal offac	t an if made wader out	h that I am a	an afficar a	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR