FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

an address, with all other

Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # N50438** 1. Entity Name 04-10-2001 90009 042 ****70.00 COUNTRY VIEW ESTATES III & IV PROPERTY OWNERS AS Principal Place of Business Mailing Address 5100 U.S. 98TH NORTH 5100 U.S. 98TH NORTH SUITE 15 SUITE 15 LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address Turde Due TR. Turtle Dove Th 534*5* Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Gity & State 4. FEI Number Applied For 59-3129247 akeland. Α. AKel Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3810 PULK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Turner Number is Not Acceptable) WILHELM, KENNETH F. urHe 5100 U.S. 98TH NORTH SUITE 15 Zip Code 33810 LAKELAND FL 33809 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITI F TITLE ☐ Delete J E Taylor JR. meadows End LADION NAME TURNER, CHARLES NAME STREET ADDRESS 5109 STREET ADDRESS 5345 TURTLE DOVE TRAIL CR2E037 City-St-7IP CITY-ST-ZIP 33810 LAKELAND FL 33810 TITLE ٧D ☐ Delete TITLE Change ☐ Addition NAME ALLEN, JOEY MAME STREET ADDRESS STREET ADDRESS 5261 MEADOW GROVE TRAIL CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33810 ☐ Addition Change TITLE Detete TITLE~ NAME MAHONEY, LINDA NAME STREET ADDRESS STREET ADDRESS 6901 DOVE MEADOW GROVE TRAIL CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33810 TITLE Delete TITLE ☐ Change ■ Addition NAME SOUZA, BARBARA NAME STREET ADDRESS STREET ADDRESS 5276 MEADOW GROVE TR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 TITLE Delete TITLE ☐ Change ☐ Addition WILHELM, KENNETH F NAME STREET ADDRESS 5100 US 98N # 15 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 TITLE Change ☐ Addition Delete NAME SAUNDERS, JOE L NAME STREET ADDRESS 5100 US 98N # 15 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 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

GOFFICER OR DIRECTOR

Date

15/01