2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90553 010 ****70.00

DOCUMENT # N50438

1. Entity Name

COUNTRY VIEW ESTATES III & IV PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5345 TURLE DOVE TRAIL LAKELAND FL 33810	5345 TURLE DOVE TRAIL LAKELAND FL 33810

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
4817 DoveCross Dr.	4817 Dove Cross Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland FL
Zip: 33810 Country: Polk	Zip: 33810 Country: Polk

4. FEI Number: 59-3129247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BETH A
4817 DOVE CROSS DRIVE
LAKELAND FL 33810

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Beth A Miller Beth A. Miller 4/20/04
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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURNER, CHARLES 5345 TURTLE DOVE TRAIL LAKELAND FL 33810	☑ Delete	S Laurie Wilkens 4734 Dove Cross Dr. Lakeland, FL 33810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, TIMOTHY 4817 DOVE CROSS DR. LAKELAND FL 33810	☐ Delete	D Nikki Bredwell 4752 Dove Cross Dr. Lakeland, FL 33810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, BETH 4817 DOVE CROSS DR. LAKELAND FL 33810	☐ Delete	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, JIM 5001 ROCK DOVE TR. LAKELAND FL 33810	☐ Delete	D Cecil Mitchell 5101 Meadow Grove Trail Lakeland, FL 33810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, LABRON E MEADOWS END LAKELAND FL 33810	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMB, TYLER 1807 N. FLORIDA AVE. LAKELAND FL 33810	☐ Delete	VT	☑ Change ☐ Addition

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: Beth A Miller Beth A. Miller 4/20/04 8638535915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #