

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50438

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

4817 DOVE CROSS DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

4817 DOVE CROSS DRIVE
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3129247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, BETH A
4817 DOVE CROSS DRIVE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WILKENS, LAURIE
Address: 4734 DOVE CROSS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: MILLER, TIMOTHY
Address: 4817 DOVE CROSS DR.
City-St-Zip: LAKELAND, FL 33810

Title: PD () Delete
Name: MILLER, BETH
Address: 4817 DOVE CROSS DR.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: RAY, JIM
Address: 5001 ROCK DOVE TR.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: TAYLOR, LABRON E
Address: MEADOWS END
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH A. MILLER

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date