2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N50438

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:	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:	

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 PRES 04/23/2009
Electronic Signature of Signing Officer or Director — Date