

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32445

FILED
Apr 25, 2007
Secretary of State

Entity Name: COUNTRYSIDE HOMEOWNERS ASSOCIATION IV, INC.

Current Principal Place of Business:

12734 KENWOOD LN
SUITE 49
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LN
SUITE 49
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0125927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIRES, JAMES W CPA
12734 KENWOOD LANE
STE 49
FT. MYERS, FL 33907 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: PD () Delete
Name: COOMBS, STEVE
Address: 137 ST. JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: VPD () Delete
Name: ANDERSON, ROY
Address: 169 ST. JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: STD () Delete
Name: NORMAN, BOBBI
Address: 111 ST JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: ASM () Delete
Name: ROEDDING, DOUGLAS
Address: 12734 KENWOOD LANE SUITE 48
City-St-Zip: FT MYERS, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLMES, ROGER
Address: 109 ST. JAMES WAY
City-St-Zip: NAPLES, FL 34104

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

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

Title: ASM (X) Change () Addition
Name: SPIRES, JAN
Address: 12734 KENWOOD LANE SUITE 48
City-St-Zip: FT MYERS, FL 33809

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: JAN SPIRES

ASM

04/25/2007

Electronic Signature of Signing Officer or Director

Date