

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03355** (7)
1. Corporation Name
COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~8801 CYPRESS PLAZA DR.~~
~~SUITE 124~~
~~JACKSONVILLE FL 32216~~
~~US~~

~~8801 CYPRESS PLAZA DR.~~
~~SUITE 124~~
~~JACKSONVILLE FL 32216~~
~~US~~

3. Date Incorporated or Qualified
05/30/1984

3a. Date of Last Report
02/02/1995

21. Principal Place of Business
11330-1 St. Johns Industrial
Parkway

2a. Mailing Address
11330-1 St. Johns Industrial
Parkway

4. FEI Number
59-2458301

Applied For
Not Applicable

22. City & State
Jacksonville, FL 32246

27. City & State
Jacksonville, FL 32246

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

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

23. Zip
32246

Country
US

28. Zip
32246

Country
US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELSILA, NEIL E.
~~8801 CYPRESS PLAZA DR.~~
~~SUITE 124~~
~~JACKSONVILLE FL 32216~~

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

11330-1 St. Johns Industrial Parkway

84. City

Jacksonville

FL

85. Zip Code
32246

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILSON, THOMAS
2 SANDPIPER COVE
PONTE VEDRA BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ELSILA, NEIL E.
101 ANCILLA LANE
PONTE VEDRA BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAPPAS, CHRIS
6 SANDPIPER COVE
PONTE VEDRA BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEIGHTON, STEPHEN E.
10 SANDPIPER COVE
PONTE VEDRE BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOETZ, J. WALTER
9 SANDPIPER COVE
PONTE VEDRA BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GODLEY, MR. AND MRS. F
3 SANDPIPER COVE
PONTE VEDRE BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/96 **904-565-1901**

CR2E037 (12/95)