

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

11330 1ST ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32246
US

Mailing Address

11330 1ST ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32246
US



3. Date Incorporated or Qualified
05/30/1984

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2458301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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.
11330 1ST ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32246

81 Name

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

83

84 City

FL

85 Zip Code

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

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

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

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

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

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

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

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

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

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

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

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

14. I do 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 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

904-565-1901

Daytime Phone # 0077400

CR2E037 (9/96)