FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name (7)											
COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.											
•	*****						ŀ	A MARIKAT AM AAARA INDO INDO INDO AND AND AND	i alan bian alah	018 il 416 il 1881	
Principal Place of Business Mailing Address											
Principal Plac	e or busines	35	Malling Add	Maning Address			Ĭ				
11330 1ST ST. JOHNS INDUSTRIAL PKWY 11330 1ST ST. JOHNS INI JACKSONVILLE FL 32246 JACKSONVILLE FL 32246					USTRIAL PKWY			3. Date Incorporated or Qualified			
US	. FL 32240		US	JACKSONVILLE FL 32246 US			L	05/30/1984	т		
•								4. FEI Number	- 1 -	Applied For	
2. Principal P	lace of Busi	ness	2a, Mailing /	2a. Mailing Address				59-2458301		Not Applicable Additional	
21			26	26			ŀ	5. Certificate of Status Desired	+ -	Required	
Suite, Apt.	#, etc.		Sulte, Ap	Sulte, Apt. #, etc.				Election Campaign Financing	\$5.00) May Be	
22 Oh. 8 Stat			27					Trust Fund Contribution		lo Fees	
City & Stat	ιθ		— ·	City & State				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip Country			Zip	 				8. This corporation owes or has paid the		Intangible	
24	25		29	1=*1				Personal Property Tax due June 30.		□ No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Register	ed Agent		
						Name					
ELSILA, NEIL E. 11330 1ST ST. JOHNS I ND USTRIAL PKWY JACKSONVILLE FL 32248					82	Street	Address	s (P.O. Box Number is Not Acceptable)	***		
					83						
					84	84 City		F	-L 85 Zip	p Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the						-named	corpora	ation submits this statement for the purpos	e of changing	its registered	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoric agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida S 							oration	is poard of directors. Thereby accept the	аррошинент а	re teðisteren	
SIGNATURE .	01		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A Are	6 11 11			when reinstating) DAT	-		
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS					13.	nt algnature	required w	when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A		DRS IN 12	
TITLE	PD DELETE				1.1 TITLE				Change		
NAME	WILSON, THOMAS				1.2 NAME						
STREET ADDRESS		PIPER COVE		1.3 STREE		adoress					
CITY-ST-ZIP	T-	VEDRA BCH FL			1.4 CITY-ST-ZIP						
TITLE	ST DELET			DELETE	2.1 TITLE				L. Change	Addition	
NAME	ELSILA,					2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS		CILLA LANE VEDRA BCH FL		<u> </u>		ļ					
CITY-ST-ZIP TITLE	D	TEURN DOLL TE	· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 CITY - S 3.1 TITLE	1- AP			Change	Addition	
NAME	KAPPAS, CHRIS			3.2 NAME							
STREET ADDRESS	6 SANDPIPER COVE			3.3 STREET ADDRESS							
CITY-ST-ZIP		VEDRA BCH FL			3.4. CITY- S						
TITLE	D			DELETE	4.1 TITLE				Change	Addition	
NAME		on, stephen e.			4. 2 NAME						
STREET ADDRESS		DPIPER COVE			4.3 STREET	adoress					
CITY-ST-ZIP		<u>VEORE BEACH FL</u>		Torure.	4.4 CITY-S	T-ZIP			T Ob.	4.330-	
TITLE	D COETZ	I WAITED	L	DELETE	5.1 TITLE				Change	Addition	
NAME STREET ADDRESS		J. WALTER PIPER COVE			5.2 NAME	ADDOCCO					
STREET ADDRESS		MEDRA BEACH FL			5.3 STREET 5.4 CITY - ST						
CITY-ST-ZIP TITLE	D	TEOTER DENOIT FL		DELETE	6.1 TITLE	- ZIF			Change	Addition	
NAME	-	, MR. AND MRS. I			6.2 NAME	İ					
STREET ADDRESS		PIPER COVE	•		6.3 STREET	ADDRESS					
CITY-ST-ZIP		VEDRE BEACH FL			6.4 CITY-ST	1					

14. I 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 attention with an address.

FILED

Feb 09 1998 8:00am

Secretary of State

1/21/02 /904) 565-1901