Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N03355

COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.

Principal Place of Business 11330 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

11330 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246

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FILED Feb 21, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed 05/30/1984

4. FEI Number 59-2458301

22			27								\$8.75 Ad	ditional	
	City & State		<u> </u>	City & State			5. Certifcate of St	atus Desired		Fee Requ			
23			28					6. Election Camp	aign Financing		\$5.00 M	av Be	
	Zip	Country Zip				ıııy		Trust Fund Co	•		Added to		
24		25	29		30			10. Name and Ad		Registered	Agent		
Name and Address of Current Registered Agent							Name	114			· · · · · ·		
						81							
ELSILA, NEIL E.						82 Street Address (P.O. Box Number is Not Acceptable)							
11330 1ST ST. JOHNS INDUSTRIAL PKWY						83							
JACKSONVILLE FL 32246						33							
						84	City			FI	85 Zip Co	ode	
ı					Ш		posstion submits this s	tatement for the		f changing its n	egistered		
1	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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes.												
office or registered agent, or both, in the State of Florida. Such change was administratives agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
DATE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsteaming)												RS IN 12	
1:	2.	OFFICERS AND	DIR		1.1 T	7 F		ADDITIONO.			Change	☐ Addition	
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N	ME	WILSON, THOMAS			1.2 N								
S	REET ADDRESS	2 SANDPIPER COVE		1.3 STREE									
cı	TY-ST-ZIP	ST-ZIP PONTE VEDRA BCH FL					IT-ZIP				Change	Addition	
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N.	AME	ELSILA, NEIL E.			2.2 N								
s	REET ADDRESS	DORESS 101 ANCILLA LANE				2.3 STREET ADDRESS							
C	ITY-ST-ZIP	PONTE VEDRA BCH FL					ST-ZIP				Change	Addition	
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N	AME	KAPPAS, CHRIS				IAME	ļ						
s	TREET ADDRESS	6 SANDPIPER COVE			3.3 \$	TREE	T ADDRESS						
	ITY-ST-ZIP	PONTE VEDRA BCH FL					ST-ZIP				Change	Addition	
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N	AME	LEIGHTON, STEPHEN E.				NAME	1						
	TREET ADDRESS	10 SANDPIPER COVE					ET ADDRESS						
	ITY+ST-ZIP	PONTE VEDRE BEACH FL			_		ST-ZIP				Change	Addition	
-	ITLE	Ď		☐ DELETE		IITLE					□ 5.1099		
1	IAME	GOETZ, J. WALTER				NAME							
Ι,	TREET ADDRESS	ET ADDRESS 9 SANDPIPER COVE				-	ET ADDRESS						
1	CITY-ST-ZIP	PONTE VEDRA BEACH FL					ST-ZIP				Change	Addition	
-	TILE	D DELETE				TITLE	1						
١,	NAME	GODLEY, MR. AND MRS. F				NAME							
i	STREET ADDRESS	3 SANDPIPER COVE			6.3	STRE	ET ADORESS						
- 1					6.4	CITY-	ST-ZIP		Clasida Ctatida	n I further	cortify that the i	nformation	
ئا	14 I hereby	PONTE VEDRE BEACH FL. certify that the information supplied with	h thi	s filing does not qualify	for the ex	emp	tion stated	n Section 119.07(3)(i),	Fiorida Statute	s. I turtner s if made u	nder oath: that	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, with all other like empowered.

SIGNATURE: