## **FILED** Feb 13, 2004 8:00 am Secretary of State 02-13-2004 90004 021 \*\*\*\*61.25

2004 NOT	-FOR-PROFIT CORPO	RATION
	ANNUAL REPORT	

DOCUMENT # N03355  1. Entity Name COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.							02-13-2004 90004 021 ****61.25						
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						<b>54005781</b>							
2. Principal Place of Business 3. Mai			ailing Address										
Suite, Apt. #, etc. Su			uite, Apt. #, etc.				01052004	Chg-N	Р	CR	2E037	(10/03)	
City & State Cit		City	ly & State				4. FEI Number 59-245					<del></del>	oplied For ot Applicable
Zip	Country	Zìp		Cour	itry		5. Certificate		Desired			3.75 Add	litional
	6. Name and Address of Current	Registered	Agent			I	7. Name and	Address	of New F	Registe			
ELGII A N	C11 C		•		Name					-			
	EIL E. <sup>r</sup> ST. JOHNS INDUSTRIAL PK <sup>1</sup> VILLE, FL 32246	WY			Street Ad	Idress (F	O. Box Numb	er is Not A	cceptabl	e)			
					City						FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	r the purpo	se of changing its re	egistere	d office or i	registere	ed agent, or bo	th, in the S	itate of Fl	orida.	l am fam	niliar with,	and accept
SIGNATURE .	<del> </del>									•			
<i>3</i> ,0,1,1,0,1,2	Signature, typed or printed name of registered agent a	and title if applic	able. (NOTE: I	Registered	Agent signatur	re required	when reinstating)			D	ATE		
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25  Due by May 1, 2004	and title if applic	9. Election Camp Trust Fund Co	paign Fi	nancing		\$5.00 May E			lake c	heck p	ayable t	
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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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: