


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90004 021 \*\*\*\*61.25

<b>DOCUMENT # N03355</b> 1. Entity 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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2458301				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELSILA, NEIL E. 11330 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, THOMAS 2 SANDPIPER COVE PONTE VEDRA BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bailey, Robert 2 Sandpiper Cove, Ponte Vedra Bch, FL	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELSILA, NEIL E. 101 ANCILLA LANE PONTE VEDRA BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bellington, Joseph 7 Sandpiper Cove, Ponte Vedra Bch, FL	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPPAS, CHRIS 6 SANDPIPER COVE PONTE VEDRA BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGHTON, STEPHEN E. 10 SANDPIPER COVE PONTE VEDRE BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, J. WALTER 9 SANDPIPER COVE PONTE VEDRA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODLEY, MR. AND MRS. F 3 SANDPIPER COVE PONTE VEDRE BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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.					
<b>SIGNATURE:</b> <i>Neil E. Elsil</i> <b>NEIL E. ELSILA</b> <i>2/10/04</i> <b>(904) 565-1901</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					