


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03355</b> 1. Entity Name COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.	
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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
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01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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  ELSILA, NEIL E. 11330 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAILEY, ROBERT 2 SANDPIPER COVE PONTE VEDRA BCH, FL
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
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: <u>Neil E. Elsil</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/1/05 904-8651901 <small>Date Daytime Phone #</small>
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**NEIL E. ELSILA**