


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90019 044 ****61.25

DOCUMENT # N03355 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2458301	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ELSILA, NEIL E. 11330 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, ROBERT 2 SANDPIPER COVE PONTE VEDRA BCH FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Maloy 6 Sandpiper Cove, Ponte Vedra Bch, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELSILA, NEIL E. 101 ANCILLA LANE PONTE VEDRA BCH FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ted Edwards 7 Sandpiper Cove Ponte Vedra Bch, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINGTON, JOSEPH 7 SANDPIPER COVE PONTE VEDRA BCH FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy Sloat 8 Sandpiper Cove Ponte Vedra Bch, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, J. WALTER 9 SANDPIPER COVE PONTE VEDRA BEACH FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Neil E. Elsil* **Neil E. Elsil** 2/1/06 904-565-1901