

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 020 ****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

60001907



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11330-4 St Johns Ind Pkwy 11330-4 St Johns Ind Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-NP

CR2E037 (12/06)

City & State

Jacksonville, FL 32246

City & State

Jacksonville, FL 32246

4. FEI Number

59-2458301

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 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

Elsila, Neil E

Street Address (P.O. Box Number is Not Acceptable)

11330-4 St Johns Industrial Pkwy

City

Jacksonville

FL

Zip Code

32246

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

Neil E. Elsilu Sec/Tre

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input type="checkbox"/> Delete
NAME	BAILEY, ROBERT	
STREET ADDRESS	2 SANDPIPER COVE	
CITY-ST-ZIP	PONTE VEDRA BCH, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELSILA, NEIL E.	
STREET ADDRESS	101 ANCILLA LANE	
CITY-ST-ZIP	PONTE VEDRA BCH, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLOAT, ROY	
STREET ADDRESS	8 SANDPIPER COVE	
CITY-ST-ZIP	PONTE VEDRA BCH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, TED	
STREET ADDRESS	7 SANDPIPER COVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALOY, RICHARD	
STREET ADDRESS	6 SANDPIPER COVE	
CITY-ST-ZIP	PONTE VEDRA BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irene Sloat	
STREET ADDRESS	8 Sandpiper Cove	
CITY-ST-ZIP	Ponte Vedra Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. ELSILA

Date

Daytime Phone #