

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 041 ****61.25

DOCUMENT # N03355 1. Entity Name COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.					
Principal Place of Business 11330-4 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US			Mailing Address 11330-4 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246 US		
2. Principal Place of Business - No P.O. Box # 2 SANDPIPER COVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 2261 Suite, Apt. #, etc.			
City & State PONTE VEDRA BCH FL		City & State PONTE VEDRA BCH FL		4. FEI Number 59-2458301	
Zip 32082		Country ST JOHNS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELSILA, NEIL E. 11330-4 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name: ROBERT B. BAILEY Street Address (P.O. Box Number is Not Acceptable): 2 SANDPIPER COVE City: PONTE VEDRA BCH FL Zip Code: 32082	
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: <i>Robert B. Bailey</i> DATE: 1/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN WARRINER 9 SANDPIPER COVE PONTE VEDRA BCH FL 32082	<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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERT B BAILEY 2 SANDPIPER COVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAT, IRENE 8 SANDPIPER COVE PONTE VEDRA BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, TED 7 SANDPIPER COVE PONTE VEDRA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOY, RICHARD 6 SANDPIPER COVE PONTE VEDRA BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <i>Robert B. Bailey</i> ROBERT B. BAILEY 1/19/08 904 380 4020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					