## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N03355**



## FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90191 024 \*\*\*\*61.25

COUNTRY CLUB UNIT FOUR ASSOCIATION, INC.						25 2005 50151	021 0	1.23
11330 1ST ST. JOHNS INDUSTRIAL PKWY 11 JACKSONVILLE FL 32246 JA		Mailing Address 11330 1ST ST. JOHNS INDUS JACKSONVILLE FL 32246 US	11330 1ST ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246 .		 	111 <b>00</b> 211 <b>0</b> 0 01201 <b>0</b> 711 <b>010</b> 17 1	)(8)(1 8) <b>6</b> () 8(6); 8(6)	1/1 6/4/11 / <b>18</b> /1
Principal Place of Business     3. Mailing Address			1					
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del> -	·	СН	IECK HERE IF MAKII	NG CHANGES	;
City & Star	le	City & State	City & State		4. FEI Number 59-2	2458301		pplied For ot Applicable
Zip Country		Zip			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Addre	ss of New Registere	d Agent	
and the same of th				Name	the section of the section of	الماء المحاسب الميد	* <u>.</u> *	
ELSILA, NEIL E.				Street Address (	P.O. Box Number is Not	Acceptable)		
11330 1ST ŠT. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246				<del> </del>				
JACKSUI	WILLE PL 32240		ļ	0.7				
	ę.			City		F	Zip Cod	de
	named entity submits this statement fo	r the purpose of changing its re	gister	red office or register	red agent, or both, in the	State of Florida. 1 a	n familiar with,	and accept
the obligat	tions of registered agent.		l					
01011171105			:		~			ĺ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Register	ed Agent signature required	f when reinstating)	DATE	 :	
<del></del>			<u> </u>					
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor			•	~ —	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of	
10.	OFFICERS AND DIF	RECTORS	11		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	N 10
TITLE	PD	☐ Delete	TITL	İ			☐ Change	☐ Addition
NAME STREET ADDRESS	WILSON, THOMAS		NAM	1				
CITY-ST-ZIP	2 Sandpiper Cove Ponte Vedra BCH FL			IEET ADDRESS Y-ST-ZIP				
TITLE	ST ST	□ Delete	TITL			<u></u>	☐ Change	Addition
NAME	ELSILA, NEIL E.	□ Delete	NAN				∠ onange	L Addition
STREET ADDRESS	101 ANCILLA LANE		STR	EET ADDRESS		•		}
CITY-ST-ZIP	PONTE VEDRA BCH FL		CITY	Y-ST-ZIP				
JITLE ~	D.	Delete	ַדודן.		المتحدث ميعاسينجي		Change	☐ Addition
NAME STREET ADDRESS	KAPPAS, CHRIS 6 SANDPIPER COVE		NAM	AE EET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BCH FL		<b>.</b> :	Y-ST-ZIP				Ì
TITLE	D	☐ Delete	TITL	—— <del> </del> ——			□ Change	Addition
NAME	LEIGHTON, STEPHEN E.	- Delete	NAM	1			onlingo	
STREET ADDRESS	10 SANDPIPER COVE		STR	EET ADDRESS				Ì
CITY-ST-ZIP	PONTE VEDRE BEACH FL		CITY	r-ST-ZIP				
TITLE	D WALTER	☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ADDRESS	GOETZ, J. WALTER 9 SANDPIPER COVE		NAM	AE EET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH FL			/-ST-ZIP				}
TITLE	D	☐ Delete	TITL	<del></del>			Change	Addition
NAME	GODLEY, MR. AND MRS. F	L Delete	NAM	ŀ			onunge	
STREET ADDRESS	3 SANDPIPER COVE		;	EET ADDRESS				
CITY-ST-ZIP	PONTE VEDRE BEACH FL			/-ST-ZIP				
40 11	certify that the information supplied with	Alaba Siliana, alaba a anak ayya 106 yilan Ala	. <b></b>	manufacture and the Oct.	-6-6 110 07/01//\ Flasis		and the same of	Z

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:

ARNELI E Elsila

1/21/03

904-565-1901