

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012500

FILED
Feb 19, 2009
Secretary of State

Entity Name: THE BULL RUN UNIT IV HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1415 E PIEDMONT DR, SUITE 3
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1415 E PIEDMONT DR, SUITE 3
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-5990270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK, BYRON B
1415 E PIEDMONT DR, SUITE 3
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLOCK, BYRON B
Address: 1415 E PIEDMONT DR, SUITE 3
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: LEWIS, JOHN
Address: 401 E VIRGINIA ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT () Delete
Name: WILKINSON, BEN JR
Address: 217 JOHN KNOX RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: HEBENTHAL, ELAINE
Address: 1415 E PIEDMONT DR, SUITE 3
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE HEBENTHAL

S

02/19/2009

Electronic Signature of Signing Officer or Director

Date