


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90030 047 \*\*\*\*61.25

**DOCUMENT # N19300**  
 1. Entity Name  
**PICKETT DOWNS UNIT IV HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 2215 BREAKS LANE CHULUOTA, FL 32766	Mailing Address 2215 BREAKS LANE CHULUOTA, FL 32766
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**DO NOT WRITE IN THIS SPACE**

01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3446350</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KARNITZ, ANTIONETTE**  
 2215 BREAKS LANE  
 CHULUOTA, FL 32766

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARNITZ, ANTIONETTE 2215 BREAKS LANE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCHNER, JEFFREY 2105 BREAKS LANE <del>CHULUOTA, FL 32766</del> <i>Chuluota, FL 32766</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, STACY 2701 WASSUM TRAIL CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIE MINGS, ANN 2300 WASSUM TRAIL <del>CHULUOTA, FL 32766</del> <i>Chuluota, FL 32766</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Antionette Karnitz, Pres.* **1/30/04** <sup>407-</sup>**977-8747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #