

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90033 032 \*\*\*\*61.25

**50059269**



<b>DOCUMENT # N19300</b>			
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	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>P.O. Box 660301</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Chuluota, FL</i>	
Zip		Zip <i>32766</i>	
Country		Country <i>Seminole</i>	
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 <b>KARNITZ, ANTIONETTE</b> 2215 BREAKS LANE CHULUOTA, FL 32766		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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>Antionette R. Karnitz</i>		DATE <i>6/30/05</i>	
Filing Fee is <b>\$61.25</b> Due by <b>September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARNITZ, ANTIONETTE	NAME	
STREET ADDRESS	2215 BREAKS LANE	STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA, FL 32766	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHNER, JEFFREY	NAME	<i>Humphreys, Gary</i>
STREET ADDRESS	2105 BREAKS LANE	STREET ADDRESS	<i>2461 Wassum Trail</i>
CITY-ST-ZIP	CHULUOTA, FL 32766	CITY-ST-ZIP	<i>Chuluota, FL 32766</i>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, STACY	NAME	<i>Zalk, Kenneth</i>
STREET ADDRESS	2701 WASSUM TRAIL	STREET ADDRESS	<i>2761 Wassum Trail</i>
CITY-ST-ZIP	CHULUOTA, FL 32766	CITY-ST-ZIP	<i>Chuluota, FL 32766</i>
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE MINGS, ANN	NAME	<i>Hicks, Neil</i>
STREET ADDRESS	2300 WASSUM TRAIL	STREET ADDRESS	<i>2501 Wassum Trail</i>
CITY-ST-ZIP	CHULUOTA, FL 32766	CITY-ST-ZIP	<i>Chuluota, FL 32766</i>
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Watrous, Earl</i>
STREET ADDRESS		STREET ADDRESS	<i>2680 Wassum Trail</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Chuluota, FL 32766</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Antionette R. Karnitz</i>		DATE: <i>6/30/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>407/977-8747</i>	