


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90006 032 ****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 P.O. BOX 660301 CHULUOTA, FL 32766		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1809 E. Broadway St. # 327 Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 59-3446350	
Zip 32765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARNITZ, ANTIONETTE 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: <u><i>Antionette B. Karnitz</i></u> <u><i>Antionette B. Karnitz (PD)</i></u> <u>8/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 KARNITZ, ANTIONETTE 2215 BREAKS LANE CHULUOTA, FL 32766	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, GARY 2464 WASSUM TRAIL CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZALK, KENNETH 2761 WASSUM TRAIL CHULUOTA, FL 32766	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, NEIL 2604 WASSUM TRAIL CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATROUS, EARL 2680 WASSUM TRAIL CHULUOTA, FL 32766	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Joseph Sala 2800 Wassum Trail Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Chambliss Muffuletto 2781 Wassum Trail Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earl Watrous P.O. Box 196953 Winter Springs, FL 32719	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Antionette B. Karnitz</i></u> <u>P/D</u> <u>8/22/06</u> <u>407/484-7681</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <u>Antionette B. Karnitz</u>					