
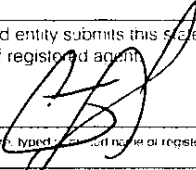


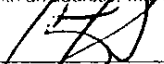
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90036 028 ****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 1809 E BROADWAY ST #327 OVIEDO FL 32765	
2. Principal Place of Business - No P.O. Box # 29 81 WASSUM TRAIL		3. Mailing Address <i>Same as above</i>	
City & State Chuluota FL		City & State	
Zip 32766		Country	
4. FEI Number 59-3446350		Applied For Not Applicable	
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 GLEN CASEL Street Address (P.O. Box Number is Not Acceptable) 2981 WASSUM TRAIL City Chuluota FL Zip Code 32766	
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 		Glen Casel DATE 6/28/07	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLEN CASEL 2981 WASSUM TRAIL CHULUOTA FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALA, JOSEPH 2800 WASSUM TRAIL OVIEDO FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUFFULETTO, CHAMBLISS 2781 WASSUM TRAIL OVIEDO FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATROUS, EARL P O BOX 196953 WINTER SPRINGS FL 32719 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF WHITE 2720 WASSUM TRAIL CHULUOTA FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  Glen Casel
 DATE: **6/28/07 407 365 0515**