

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90148 043 ****61.25

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DOCUMENT # N19300

1. Entity Name
PICKETT DOWNS UNIT IV HOMEOWNERS' ASSOCIATION, I NC.



Principal Place of Business Mailing Address

**2420 WASSUM TRAIL
CHULUOTA FL 32766** **2420 WASSUM TRAIL
CHULUOTA FL 32766**

2. Principal Place of Business 3. Mailing Address

2215 Breaks Lane **2215 Breaks Lane**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Chuluota FL **Chuluota, FL**

Zip Country Zip Country

32766 USA **32766 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3446350** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LICHTENTHAL, JAMES D
2420 WASSUM TRAIL
CHULUOTA FL 32766**

7. Name and Address of New Registered Agent

Name **Antionette Karnitz**

Street Address (P.O. Box Number is Not Acceptable)
2215 Breaks Lane

City **Chuluota** State **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 **Antionette Karnitz** DATE **6-11-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LICHTENTHAL, JIM	change →
STREET ADDRESS	2420 WASSUM TRAIL	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCHNER, JEFFREY	(no change)
STREET ADDRESS	2105 BREAKS LANE	
CITY-ST-ZIP	CHULVOTA FL 32766	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILSON, STACY	change →
STREET ADDRESS	2701 WASSUM TRAIL	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE		<input type="checkbox"/> Delete
NAME		(Addition) →
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antionette Karnitz	
STREET ADDRESS	2215 Breaks Lane	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S ←	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Stacy	
STREET ADDRESS	2701 Wassum Trail	
CITY-ST-ZIP	Chuluota FL 32766	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Marie Mings	
STREET ADDRESS	2300 Wassum Trail	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Antionette Karnitz**

CR2E037 (10/02)