2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED &

RINTED NAME OF SIGN

Feb 18, 2005 8:00 am **Secretary of State** DOCUMENT # N03000005133 02-18-2005 90054 023 ****61.25 VILLAS OF TIMBERLIN PARC CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7701 TIMBERLIN PARK BLVD. 7701 TIMBERLIN PARK BLVD. JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 14-1890323 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, RO SS & BERGER, P.A. South 100 WEST CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, FL 33309 Hugustine 32080 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 9. Election Campaign Financing Filing Fee is \$61,25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE PORTUONDO, AURELIO J NAME NAME STREET ADDRESS 7701 TIMBERLIN PARC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MARTINEZ, MAGGIE NAME NAME STREET ADDRESS 7701 TIMBERLIN PARC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP PRES Change Addition TITLE ☐ Delete TITLE BECKERMAN, ARTHUR NAME NAME STREET ADDRESS 7701 TIMBERLIN PARK BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP DIRECTOR TITLE ☐ Delete TITI E ☐ Change **Addition** CHARLES REED JR. NAME NAME 7701 TIMBERLIN PARC BLUD-#611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 em 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.

FILED