


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90012 050 ****61.25

DOCUMENT # N05000011255

1. Entity Name
TIMBER RUN CONDOMINIUM ASOCIATION, INC.



Principal Place of Business
**9456 PHILIPS HWY SUITE 1
 JACKSONVILLE, FL 32256**

Mailing Address
**9456 PHILIPS HWY SUITE 1
 JACKSONVILLE, FL 32256**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
c/o MAY Mgmt. Svc. Inc.
 Suite, Apt. #, etc.
5455 US HWY A1A SOUTH
 City & State
ST. AUGUSTINE FL.
 Zip
32080
 Country
USA



01042006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
DOAN, JAN
9456 PHILIPS HWY SUITE 1
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent
 Name
MAY MANAGEMENT Svc. Inc.
 Street Address (P.O. Box Number is Not Acceptable)
5455 U.S. HWY A1A SOUTH
 City
ST. AUGUSTINE FL Zip Code
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 *Cynthia H. O'Neil* *Treasurer* *1/26/06*
Signature of individual name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, KENNETH L JR 9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAKOSKE, JOHN 9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOAN, JAN 9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* *1/30/06* *904-899-5954*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #