


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

<b>DOCUMENT # N05000011255</b> 1. Entity Name <b>TIMBER RUN CONDOMINIUM ASOCIATION, INC.</b>	
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FILED  
 06 MAY 26 PM 12: 56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>9456 PHILIPS HWY SUITE 1          JACKSONVILLE, FL 32256</b>	Mailing Address <b>C/O MAY MANAGEMENT SRVS INC          5455 US HWY A1A S          SAINT AUGUSTINE, FL 32080</b>
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2. Principal Place of Business	3. Mailing Address	05192006	Chg-NP	CR2E037 (4/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
Zip	Country	Zip	Country	

4. FEI Number <b>20-3749266</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>DOAN, JAN          MAY MANAGEMENT SRVS., INC          5455 US HWY A1A S          SAINT AUGUSTINE, FL 32080</b>	

<b>7. Name and Address of New Registered Agent</b>	
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.

**200076162932**  
 06/14/06--01005--007 \*\*\$61.25

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNS, KENNETH L JR			NAME	Zakoske, John		
STREET ADDRESS	9456 PHILIPS HWY SUITE 1			STREET ADDRESS	9456 Philips Hwy Suite 1		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	Jacksonville, FL 32256		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAKOSKE, JOHN			NAME	Dearing, Mark C.		
STREET ADDRESS	9456 PHILIPS HWY SUITE 1			STREET ADDRESS	9456 Philips Hwy Suite 1		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	Jacksonville, FL 32256		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOAN, JAN			NAME			
STREET ADDRESS	9456 PHILIPS HWY SUITE 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Jan Doan Date: 5/22/06 Daytime Phone #: 904-268-2845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR