

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 010 ****61.25

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1. Entity Name
 TIMBER RUN CONDOMINIUM ASOCIATION, INC.

Principal Place of Business
 C/O MAY MGMT SUE INC
 5455 HWY A1A S
 SAINT AUGUSTINE, FL 32080

Mailing Address
 C/O MAY MANAGEMENT SRVS INC
 5455 US HWY A1A S
 SAINT AUGUSTINE, FL 32080

40016267



01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 20-3749266

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKS, ANNA
 MAY MANAGEMENT SRVS., INC
 5455 US HWY A1A S
 SAINT AUGUSTINE, FL 32080

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
 NAME WAIZMANN, JOHN S
 STREET ADDRESS 5151 PLAYPEN DRIVE #14
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME SMITH, LILLIAN
 STREET ADDRESS 5101 PLAYPEN DRIVE #1
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME SWANS, KIWANA
 STREET ADDRESS 5050 PLAYPEN DRIVE #5
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE Change Addition
 NAME Asst. VP / Asst Secretary
 Huisman, Kristine
 STREET ADDRESS 5050 Playpen Dr. # 12
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE S Delete
 NAME WRIGHT, JOHNATHON
 STREET ADDRESS 5200 PLAYPEN DRIVE #15
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE Change Addition
 NAME S
 STREET ADDRESS MARSHA WEISZ
 CITY-ST-ZIP 5150 PLAYPEN DRIVE #4
 JACKSONVILLE, FL. 32210

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *John S. Waizmann* John S. Waizmann 17 Jan 08 904-476-3703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #