

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24185

FILED
Jan 14, 2009
Secretary of State

Entity Name: TIMUCUA VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

14101 TOWN LOOP BLVD
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

14101 TOWN LOOP BLVD
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: 59-2922551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ROBERT L
850 CONCOURSE PKWY SO
STE 105
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

TAYLOR, ROBERT L
150 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: _____

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HALL, ANGELA
Address: 3403 TIMUCUA CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: DT () Delete
Name: SEIGER, THOMAS
Address: 3239 TIMUCUA CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: DS () Delete
Name: DELGROSSO, ALLISON
Address: 3315 TIMUCUA CIR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: CALDERALE, LINDA
Address: 3248 TIMUCUA CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: DV () Delete
Name: CALDERALE, RICHARD
Address: 3248 TIMUCUA CIRCLE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA HALL

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date