## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06313

Entity Name: TIMBER RIDGE VILLAGE I CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 21, 2019 **Secretary of State** 3407229164CC

## **Current Principal Place of Business:**

C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300 VERO BEACH, FL 32962

## **Current Mailing Address:**

C/O KEYSTONE PROPERTY MANAGEMENT 780 US HWY 1 SUITE 300 VERO BEACH, FL 32962 US

FEI Number: 59-2646231 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MCKINNON, CHARLES 3055 CARDINAL DRIVE SUITE 302 VERO BEACH, FL 32963 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:

City-State-Zip:

Title

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

Title DIRECTOR Title **SECRETARY** 

Name HAMBY, MARTHA Name GILES, GRETCHEN

C/O KEYSTONE PROPERTY C/O KEYSTONE PROPERTY Address Address

**MANAGEMENT MANAGEMENT** 

780 US HWY 1 SUITE 300 780 US HWY 1 SUITE 300 VERO BEACH FL 32962 VERO BEACH FL 32962 City-State-Zip:

**DIRECTOR** 

WEXLER, CAROLYN JONES, LINDA Name Name

Address C/O KEYSTONE PROPERTY Address C/O KEYSTONE PROPERTY

> MANAGEMENT MANAGEMENT

780 US HWY 1 SUITE 300 780 US HWY 1 SUITE 300

VERO BEACH FL 32962 City-State-Zip: VERO BEACH FL 32962 City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

I hereby 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 all other like empowered.