FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719029 (1)

1. Corporation Name
TIMUQUANA COUNTRY CLUB

Principal Place of Business	Mailing Address
4028 TIMUQUANA ROAD JACKOSNVILLE FL 32210-5598	4028 TIMUQUANA ROAD JACKOSNVILLE FL 32210-5598

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1970
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-0482540 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

LARSON, GREG L.
4028 TIMUQUANA ROAD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	SD	☐ Change ☒ Addition
NAME	THOMPSON, KEN	12 NAME	KING, TUCKER W.	
STREET ADDRESS	4835 APACHE AVE	13 STREET ADDRESS	5400 WATER OAK LANE #402	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE,FL. 32210	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, EDWARD L	22 NAME	BISHOP, JR., BENJAMIN C.	
STREET ADDRESS	3818 BETTES CIR	23 STREET ADDRESS	5003 LONG BOW ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BROMBERG, CLAYTON C	32 NAME	DAWSON, JR., CARL D.	
STREET ADDRESS	911 APACHE AVE	33 STREET ADDRESS	4220 GARIBALDI AVE.	
CITY ST ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	HALL, YOUNG E	42 NAME	PULIGNANO, JR., NICHOLAS V.	
STREET ADDRESS	4124 ALHAMBRA DR WEST	43 STREET ADDRESS	5105 HARBOR POINT CIRCLE	
CITY ST ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	LANAHAN, MICHAEL J	52 NAME	READ, ROBERT L.	
STREET ADDRESS	5117 PIRATES COVE RD	53 STREET ADDRESS	5128 ARAPAHOE AVE.	
CITY ST ZIP	JACKSONVILLE, FL 00000	54 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	PD	61 TITLE	PD	☒ Change ☐ Addition
NAME	BALL, WILLIS M I	62 NAME	JOHNSTON, JR., DAVID P.	
STREET ADDRESS	3672 RICHMOND ST	63 STREET ADDRESS	4175 ORTEGA BLVD.	
CITY ST ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin C. Bishop Jr. 4/28/95 904-388-2064
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY TO SIGN — Date — Daytime Phone #

000R410