

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719029
1. Corporation Name

(1)

TIMUQUANA COUNTRY CLUB



Principal Place of Business

Mailing Address

4028 TIMUQUANA ROAD
JACKSONVILLE FL 32210-5598

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JACKSONVILLE FL 32210-5598

3. Date Incorporated or Qualified
02/23/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, GREG L
4028 TIMUQUANA ROAD
JACKSONVILLE FL 32210

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME KING, TUCKER W
STREET ADDRESS 5400 WATER OAK LANE, STE 402
CITY-ST-ZIP JAX FL

TITLE ~~D~~
NAME BISHOP, JR B C
STREET ADDRESS 5003 LONG BOW RD
CITY-ST-ZIP JAX FL

TITLE D
NAME DAWSON, JR C D
STREET ADDRESS 4220 GARIBALDI AVE
CITY-ST-ZIP JAX FL

TITLE D
NAME PULIGNANO, JR N V
STREET ADDRESS 5105 HARBOR PT CIRCLE
CITY-ST-ZIP JAX FL

TITLE D
NAME READ, ROBERT L
STREET ADDRESS 5128 ARAPHOE AVE
CITY-ST-ZIP JAX FL

TITLE ~~PD~~
NAME JOHNSTON, JR D P
STREET ADDRESS 4175 ORTEGA BLVD
CITY-ST-ZIP JAX FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

David P. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (904) 388-2664

Date

Daytime Phone #

CR2E037 (12/95)