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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719029 (1)

1. Corporation Name

TIMUQUANA COUNTRY CLUB

Principal Place of Business

Mailing Address

4028 TIMUQUANA ROAD
JACKSONVILLE FL 32210-55984028 TIMUQUANA ROAD
JACKSONVILLE FL 32210-85313. Date Incorporated or Qualified
02/23/19703a. Date of Last Report
04/24/19964. FEI Number
59-0482540Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME KING, TUCKER W
STREET ADDRESS 5400 WATER OAK LANE, STE 402
CITY-ST-ZIP JAX FL1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME RUSSELL B. NEWTON, JR.
1.3 STREET ADDRESS 2611 HOLY POINT RD. E.
1.4 CITY-ST-ZIP ORANGE PARK, FL 32073TITLE PD ☒ DELETE
NAME BISHOP, JR B C
STREET ADDRESS 5003 LONG BOW RD
CITY-ST-ZIP JAX FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME ARCH W. CASSIDY
2.3 STREET ADDRESS 3803 BETES CIRCLE
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE D ☐ DELETE
NAME DAWSON, JR C D
STREET ADDRESS 4220 GARIBALDI AVE
CITY-ST-ZIP JAX FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME WILLIAM L. VORN, III
3.3 STREET ADDRESS 4829 WAUGELY LANE
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE D ☐ DELETE
NAME PULIGNANO, JR N V
STREET ADDRESS 5105 HARBOR PT CIRCLE
CITY-ST-ZIP JAX FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME WILLIAM H. ANDREWS
4.3 STREET ADDRESS 4651 ALGONQUIN AVE.
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE D ☒ DELETE
NAME READ, ROBERT L
STREET ADDRESS 5128 ARAPHOE AVE
CITY-ST-ZIP JAX FL5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME BENJAMIN C. BISHOP, JR.
5.3 STREET ADDRESS 5003 LONG BOW RD
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE D ☒ DELETE
NAME JOHNSTON, JR D P
STREET ADDRESS 4175 ORTEGA BLVD
CITY-ST-ZIP JAX FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (Area Code) Number

CR2E037 (9/96)