

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 # 743649 (6)

1. Corporation Name

TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4358 TIMUQUANA ROAD
JACKSONVILLE FL 32210

4358 TIMUQUANA ROAD
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified
07/20/1978

3a. Date of Last Report
06/28/1995

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

4. FEI Number
59-1930370

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLER, JOAN
4435 MILAM 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 registering)

DATE:

12. OFFICERS AND DIRECTORS

13. (P) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TOWNSEND, KIM
STREET ADDRESS 4358 TIMUQUANA RD STE 135
CITY - ST - ZIP JACKSONVILLE FL ☒ DELETE

11 TITLE BRYANT, BARBARA ☐ Change ☒ Addition
12 NAME 4358 Timuquana Rd. # 118
13 STREET ADDRESS Jacksonville, FL 32210
14 CITY - ST - ZIP

TITLE S
NAME CRABTERE, CAMILLE
STREET ADDRESS 4358 TIMUQUANA RD STE 105
CITY - ST - ZIP JACKSONVILLE FL ☐ DELETE

21 TITLE MONTGOMERY, Judy ☐ Change ☒ Addition
22 NAME 4358 Timuquana Rd. # 125
23 STREET ADDRESS Jacksonville, FL 32210
24 CITY - ST - ZIP

TITLE VP
NAME PEGRAM, LAURA V
STREET ADDRESS 4358 TIMUQUANA RD. #161
CITY - ST - ZIP JACKSONVILLE FL ☒ DELETE

31 TITLE HAWKS, Darby (VP) ☐ Change ☒ Addition
32 NAME 4358 TIMUQUANA Rd. # 123
33 STREET ADDRESS Jacksonville, FL 32210
34 CITY - ST - ZIP

TITLE P
NAME O'STEEN, HAL
STREET ADDRESS 4358 TIMUQUANA RD. #133
CITY - ST - ZIP JACKSONVILLE FL ☒ DELETE

41 TITLE WAGONER, KATITY ☐ Change ☒ Addition
42 NAME 4358 Timuquana Rd. # 186
43 STREET ADDRESS Jacksonville, FL 32210
44 CITY - ST - ZIP

TITLE T
NAME WRIGHT, DOT
STREET ADDRESS 4358 TIMUQUANA RD #203
CITY - ST - ZIP JACKSONVILLE FL ☐ DELETE

51 TITLE WRIGHT, DOT ☒ Change ☐ Addition
52 NAME D
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME LYNCH, GEORGE
STREET ADDRESS 4358 TIMUQUANA RD. #193
CITY - ST - ZIP JACKSONVILLE FL ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

George S. Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

904-384-8236

Daytime Phone #

CR2E037 (12/95)