

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **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 32210-8557**3. Date Incorporated or Qualified  
**07/20/1978**3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****29****30**4. FEI Number  
**59-1930370**Applied 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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYANT, BARBARA</b>	
STREET ADDRESS	<b>4358 TIMUQUANA RD 118</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONTGOMERY JUDY</b>	
STREET ADDRESS	<b>4358 TIMUQUANA RD. 125</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

2.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Crabtree, Camille</b>	
2.3 STREET ADDRESS	<b>4358 TIMUQUANA Rd. # 105</b>	
2.4 CITY - ST - ZIP	<b>Jacksonville, Florida 32210</b>	

TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKS DARBY</b>	
STREET ADDRESS	<b>4358 TIMUQUANA RD 123</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

3.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAGONER KATHY</b>	
STREET ADDRESS	<b>4358 TIMUQUANA RD. 106</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

4.1 TITLE	<b>Helene Hines VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>4358 TIMUQUANA Rd #131</b>	
4.3 STREET ADDRESS	<b>Jacksonville Fla. 32210</b>	
4.4 CITY - ST - ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, DOT</b>	
STREET ADDRESS	<b>4358 TIMUQUANA RD #203</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

5.1 TITLE	<b>Black Jane D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>4358 TIMUQUANA Rd #208</b>	
5.3 STREET ADDRESS	<b>Jacksonville FL 32210</b>	
5.4 CITY - ST - ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNCH, GEORGE</b>	
STREET ADDRESS	<b>4358 TIMUQUANA RD. #193</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Joan Eller** REQUIRED

3/31/97

904-384-8236

Date

Daytime Phone #0006414

CR2E037 (9/96)