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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 08 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743649

(6)

TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

22 27 5. Certificate of Status Desired F City & State Country Zip Country Zip Country Zip Country Status Trust Fund Contribution A Status T	ast Report /1996 Applied For Not Applicable // Additional ee Required // Additional
ACKSONVILLE FL 32210 ACKSONVILLE FL 32210e557 3. Date Incorporated or Qualified O/7/20/1978 3. Date Incorporated or Qualified O/4/26 2. Principal Piace of Business 2. Mailing Address 4. FEI Number 59-1930370 Suite, Apt. #, etc. 59-1930370 Suite, Apt. #, etc. 50-1930370 Suite, Ap	Applied For Not Applicable 75 Additional ee Required 3.00 May Be dded to Fees der s. 199.032,
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. FEI Number 59-1930370 Suito, Apt #, etc. Suito, Apt #, etc. 2. City & State 2. City & State 2. City & State 3. Felection Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Principal Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 charm 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature: hyped or printed name of registered agent agent and ites of applicable (NOTE Registered Agent signature regulated when reinstaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. FEI Number 15. Certificate of Status Desired 15. Certificate of Status Desired 15. Name 16. Election Campaign Financing 18. This corporation has liability for intangible tax in the provision of the purpose of charm of the purpose of charms of the purpose of	Applied For Not Applicable 75 Additional ee Required 3.00 May Be dded to Fees der s. 199.032,
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City & State Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax ur Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELLER, JOAN 4435 MILAM ROAD JACKSONVILLE FL 32210 83 Street Address (P.O. Box Number is Not Acceptable) FL 85 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 champ 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature: P	i.00 May Be dded to Fees der s. 199.032,
28	der s. 199.032, Zip Code
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9. Name and Address of Current Registered Agent ELLER, JOAN 4435 MILAM ROAD JACKSONVILLE FL 32210 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 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 chan 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 agent 1 am familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstailing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-2IP BRYANT, BARBARA 1.2 NAME 1.3 STREET ADDRESS CITY-ST-2IP JACKSONVILLE FL DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS JACKSONVILLE FL DELETE 1.1 TITLE 1.3 STREET ADDRESS JACKSONVILLE FL DELETE 1.4 CITY-ST-2IP JACKSONVILLE FL DELETE 1.5 DELETE 1.5 TITLE DELETE 1.6 DELETE 1.7 TITLE DELETE 1.7 TITLE DELETE 1.8 DELETE 1.9 DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.2 NAME 1.3 STREET ADDRESS JACKSONVILLE FL DELETE 1.4 CITY-ST-2IP DELETE 2.1 TITLE DELETE 1.5 TITLE DELETE 1.6 DELETE 1.7 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 TITLE DELETE 3.3 TITLE DELETE 3.4 CITY-ST-2IP DELETE 3.4 CITY-ST-2IP DELETE 3.5 TITLE DE	ving its registered
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MOVOODBALL EL	hange Addition
14. Lide hereby could that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certifications are supplied to the control of the c	nange Addition
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 ma is 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 the appears in Block 12 or Block 13 if changed, or on an attachment with an address.	v that the