

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743649** (6)  
1. Corporation Name  
**TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4358 TIMUQUANA ROAD JACKSONVILLE FL 32210</b>	Mailing Address <b>4358 TIMUQUANA ROAD JACKSONVILLE FL 32210</b>	3. Date Incorporated or Qualified <b>07/20/1978</b>
		4. FEI Number <b>59-1930370</b>
		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>ELLER, JOAN 4435 MILAM ROAD JACKSONVILLE FL 32210</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 JOAN ELLER Joan Eller 4-23-98  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <del>BRYANT, BARBARA</del> <b>4358 TIMUQUANA RD 118</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRABTREE, CAMILLE</b> <b>4358 TIMUQUANA RD #105</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <del>HAWKS, DARBY</del> <b>4358 TIMUQUANA RD 123</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HINES, HELENE</b> <b>4358 TIMUQUANA RD #131</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>BLACK, JANE</del> <b>4358 TIMUQUANA RD #208</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYNCH, GEORGE</b> <b>4358 TIMUQUANA RD. #193</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
			<b>3</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BITTON, BARBARA</b> <b>4358 TIMUQUANA Rd # 205</b> <b>JAX FL 32210</b>  <b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>CRABTREE, CAMILLE</b> <b>4358 TIMUQUANA Rd # 105</b> <b>JAX FL</b>  <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SOMTAG, ROBERT</b> <b>4358 TIMUQUANA Rd # 190</b> <b>JAX FL</b>  <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>HINES, HELENE</b> <b>4358 TIMUQUANA Rd # 131</b> <b>JAX, FL.</b>  <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>CLINGENPEEL, ANNE</b> <b>4358 TIMUQUANA Rd # 191</b> <b>JAX FL.</b>  <b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>LYNCH, GEORGE</b> <b>4358 TIMUQUANA Rd # 193</b> <b>JAX FL.</b>

14. I 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: George B. Lynch 4-23-98 384-8236

CR2E037 (10/97)