

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91624 033 ****61.25

DOCUMENT # 743649

1. Entity Name

TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4358 TIMUQUANA ROAD
 JACKSONVILLE FL 32210**

Mailing Address

**4358 TIMUQUANA ROAD
 JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1930370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLER, JOAN
 4435 MILAM ROAD
 JACKSONVILLE FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	SETZER, DEARING	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		43258 TIMUQUANA ROAD, #197	
CITY-ST-ZIP		JACKSONVILLE FL 32210	
TITLE	P	CRABTREE, CAMILLE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4358 TIMUQUANA RD STE 105	
CITY-ST-ZIP		JACKSONVILLE FL	
TITLE	T	SONNTAG, ROBERT	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		4358 TIMUQUANA RD STE 190	
CITY-ST-ZIP		JACKSONVILLE FL	
TITLE	VP	MONTGOMERY, JUDY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4358 TIMUQUANA RD #125	
CITY-ST-ZIP		JACKSONVILLE FL 32210	
TITLE	D	SITTON, BARBARA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		4358 TIMUQUANA RD #178	
CITY-ST-ZIP		JACKSONVILLE FL 32210	
TITLE	D	BREESE, WILLIAM	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4358 TIMUQUANA ROAD, #146	
CITY-ST-ZIP		JACKSONVILLE FL 32210	

TITLE	D	Stelen Kent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		4358 Timuquana Rd #107	
CITY-ST-ZIP		Jax. Fl. 32210	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Dattie Hartbridge	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		4358 Timuquana Rd #158	
CITY-ST-ZIP		Jacksonville, Fl. 32210	
TITLE	Vice President and Treasurer		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Secretary		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)