## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 12, 2004 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # 743649  1. Entity Name TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.						2-2004 90029			
Principal Place of Business 4358 TIMUQUANA ROAD JACKSONVILLE, FL 32210		Mailing Address 4358 TIMUQUANA ROAD JACKSONVILLE, FL 32210				540618		El 64 lu <i>6</i> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06082004 Chg-NP	CR2E037 (1	0/03)		
City & State		City & State		_	4. FEI Number Applied For 59-1930370 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desire		75 Additi		
	6. Name and Address of Current I	Registered Agent			7. Name and Address of Ne				
				Name					
ELLER, JOAN 4435 MILAM ROAD JACKSONVILLE, FL 32210			Street	Street Address (P.O. Box Number is Not Acceptable)					
							Zip Code		
8. The above	named entity submits this statement for ions of registered agent:	the purpose of changing its re	egistered office	or register	ed agent, or both, in the State o	FL f FloridaI am famili	iar with, ar	nd accept	
the obligat	La Coo		* 4 **.	el eralden G	The second secon	. /- / .			
SIGNATURE.	Signuture, typed or printed name of registered agent a	nd title if applicable (NOTE: I	Redistered Agent sign	ature required	when rainstating)	6 8 104	<del>-</del>	<u> </u>	
				,	- 45 <sub>7</sub>			1.5.4	
Filling Fee Is \$61.25 9. Election Campa  Due by September 8, 2004 Trust Fund Con					\$5.00 May Be Added to Fees	Make check pay lorida Departmer		te	
10.	OFFICERS AND DIR	ECTORS	11,		DDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 1	0	
TITLE	V T	☐ Delete	TITLE	<b>D</b> /	·	又	Change 🚎	Addition .	
NAME STREET ADDRESS	KENT, STELEN 4358 TIMUGUANA RD., #107		NAME STREET ADDRESS	KEN.	r, Helen				
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	4358	3 TIMUQUANA RD #				
TITLE	Т	XX Delete	TITLE	JACI	KSONVILLE,FL 32	: <del>210</del>	Change	Addition	
NAME	CRABTREE, CAMILLE	ZEZE DOICEC	NAME			L.J	Oliango	LJ AGGREGIT	
STREET ADDRESS	4358 TIMUQUANA RD STE 214		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP						
TITLE	HARTRIDGE, DOTTIE	Delete-	TITLE: -	1			Change	Addition-	
NAME STREET ADDRESS	1358 TIMUGUANA RD., #158		NAME STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	iT		<b>A</b>	Change	Addition	
NAME	HUDSON, ARDEN		NAME	HUD:	SON, ARDEN	_			
STREET ADDRESS	4358 TIMUQUANA RD #101		STREET ADDRESS	4358	3 TIMUQUANA RD #	101			
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACI	KSONVILLE, FL 3	2210			
TITLE NAME	P `BREESE; WILLIAM	☐ Delete	TITLE NAME	1			Change	☐ Addition	
STREET ADDRESS	4358 TIMUQUANA ROAD, #146		STREET ADDRESS	1.					
CITY-ST-ZIP	JACKSONVILLE, FL 32210	* * * * * * * * * * * * * * * * * * * *	CITY-ST-ZIP			Burger Winnerson Burkernicht	4, 1 (1) 1 <u>7 (</u> 5)		
TITLE		Delete	TITLE	- M	عبدين بنيائيسا أديا السابي		Change 7	Addition~	
NAME	ر والای الله الله الله الله الله الله الله	حساني: الموسات المسالمات الماسات	NAME: 1.	ELLI	ER, JOAN				
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS CITY-ST-ZIP	443	5 MILAM ROAD			Ì	
12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my				JACI ated in Sec	CSONVILLE FL 3 ction 119.07(3)(i), Florida Statute	2210 es. I further certify th	nat the info	rmation	
hatenibai	on this report or supplemental report is	toue and accurate and that my	eignatura ehall	have the	ame legal effect as if made und	lor oath, that I am ar	a officer of	director	

2. 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

BOW IN. THE MAN TYPED OR BEINTED MANE OF STORY

Managing ricer or DIRECTOR

ecto.

Date

904-384-8236