

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90029 049 ****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**

54061802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06082004

Chg-NP

CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan N. Eller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/8/04

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **KENT, STELEN**
STREET ADDRESS **4358 TIMUQUANA RD., #107**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☒ Change ☐ Addition
NAME **KENT, HELEN**
STREET ADDRESS **4358 TIMUQUANA RD #107**
CITY-ST-ZIP **JACKSONVILLE, FL 32210** ☐ Change ☐ Addition

TITLE **T** ☒ Delete
NAME **CRABTREE, CAMILLE**
STREET ADDRESS **4358 TIMUQUANA RD STE 214**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **S** ☐ Delete
NAME **HARTRIDGE, DOTTIE**
STREET ADDRESS **1358 TIMUQUANA RD., #158**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete
NAME **HUDSON, ARDEN**
STREET ADDRESS **4358 TIMUQUANA RD #101**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **T** ☒ Change ☐ Addition
NAME **HUDSON, ARDEN**
STREET ADDRESS **4358 TIMUQUANA RD #101**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **P** ☐ Delete
NAME **BREESE, WILLIAM**
STREET ADDRESS **4358 TIMUQUANA ROAD, #146**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **M** ☐ Change ☒ Addition
NAME **ELLER, JOAN**
STREET ADDRESS **4435 MILAM ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **P** ☐ Delete
NAME **BREESE, WILLIAM**
STREET ADDRESS **4358 TIMUQUANA ROAD, #146**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **M** ☐ Change ☒ Addition
NAME **ELLER, JOAN**
STREET ADDRESS **4435 MILAM ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **P** ☐ Delete
NAME **BREESE, WILLIAM**
STREET ADDRESS **4358 TIMUQUANA ROAD, #146**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **M** ☐ Change ☒ Addition
NAME **ELLER, JOAN**
STREET ADDRESS **4435 MILAM ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

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

Joan N. Eller Managing Director

Date

Daytime Phone #

904-384-8236