

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90091 003 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007

Chg-NP

CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE ☒ **D** ☐ Delete
NAME **BLAYLOCK, JOHH**
STREET ADDRESS **4358 TIMUQUANA RD., #172**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

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

TITLE ☐ Delete
NAME **FAUBION, CHARLES**
STREET ADDRESS **2175 MAE ST**
CITY-ST-ZIP **WAYCROSS, GA 31501**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Blaylock, Joan**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **#190**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **mae**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **D**
STREET ADDRESS **utsey, sister**
CITY-ST-ZIP **4358 TIMUQUANA RD #152
JACKSONVILLE, FL 32210**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A Eller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

904-384-8236

Date

Daytime Phone #



ATTACHMENT
40108674
Division of Corporations

Annual Report

Annual Report Help

Document Number

743649

Business Entity Name

TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

FEI Number

591930370

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

4358 TIMUQUANA ROAD

Suite, Apt. #, etc.

City, State

JACKSONVILLE

, FL

Zip Code & Country

32210

Mailing Address

Address

4358 TIMUQUANA ROAD

Suite, Apt. #, etc.

City, State

JACKSONVILLE

, FL

Zip Code & Country

32210

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

ELLER

, JOAN

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

4435 MILAM ROAD

Suite, Apt. #, etc.

City, State

JACKSONVILLE

, FL

Zip Code & Country

32210

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an

ATTACHMENT

40108674
#743649

Title T
Name (Last, First, Middle, Title) BLAYLOCK, JOAN
Street Address 4358 TIMUQUANA RD., #172
City, State JACKSONVILLE, FL
Zip Code & Country 32210

Title S
Name (Last, First, Middle, Title) HARTRIDGE, DOTTIE
Street Address 4358 TIMUQUANA RD., #190
City, State JACKSONVILLE, FL
Zip Code & Country 32210

Title VP
Name (Last, First, Middle, Title) FAUBION, CHARLES
Street Address 2175 MAE ST
City, State WAYCROSS, GA
Zip Code & Country 31501

Title P
Name (Last, First, Middle, Title) BREESE, WILLIAM
Street Address 4358 TIMUQUANA ROAD, #146
City, State JACKSONVILLE, FL
Zip Code & Country 32210

Title M
Name (Last, First, Middle, Title) ELLER, JOAN
Street Address 4435 MILAM ROAD
City, State JACKSONVILLE, FL
Zip Code & Country 32210

Title D
Name (Last, First, Middle, Title) UTSEY, SISTER
Street Address 4358 TIMUQUANA ROAD
City, State JACKSONVILLE, FL
Zip Code & Country 32210

Title M
Officer/Director Signature JOAN ELLER

Continue

Start Over

ATTACHMENT

40108674

Division of Corporations**Annual Report**

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Document Number

743649

Business Entity NameTIMUQUANA VILLAGE CONDOMINIUM
ASSOCIATION, INC.**FEI Number**

591930370

FEI Number Status**Certificate of Status Desired**

No

**Election Campaign Financing Trust Fund
Contribution**

No

Principal Place of Business**Address** 4358 TIMUQUANA ROAD**Suite, Apt. #, etc.****City, State** JACKSONVILLE, FL**Zip Code & Country** 32210**Mailing Address****Address** 4358 TIMUQUANA ROAD**Suite, Apt. #, etc.****City, State** JACKSONVILLE, FL**Zip Code & Country** 32210**Name and Address of Registered Agent****Name (Last, First, Middle, Title)** ELLER, JOAN**Address** 4435 MILAM ROAD**Suite, Apt. #, etc.****City, State** JACKSONVILLE, FL**Zip Code & Country** 32210 US**Registered Agent Signature****Officer/Director Name and Address**