2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# 743649

Entity Name: TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4358 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4358 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1930370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLER, JOAN
4435 MILAM ROAD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLAYLOCK, JOAN
Address: 4358 TIMUGUANA RD., #172
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: HARTRIDGE, DOTTIE
Address: 1358 TIMUQUANA RD #190
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete
Name: FAUBION, CHARLES
Address: 2175 MAE ST
City-St-Zip: WAYCROSS, GA 31501

Title: P ( ) Delete
Name: BREESE, WILLIAM
Address: 4358 TIMUQUANA ROAD, #146
City-St-Zip: JACKSONVILLE, FL 32210

Title: M ( ) Delete
Name: ELLER, JOAN
Address: 4435 MILAM ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: UTSEY, SISTER
Address: 4358 TIMUQUANA RD #152
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BLAYLOCK, JOAN
Address: 4358 TIMUGUANA RD., #172
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. BREESE, JR. PRES 01/04/2008

Electronic Signature of Signing Officer or Director — Date