2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2012
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:

HAMMOCK, LINDA C TREASUR
4358 TIMUQUANA RD #207
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: S
Name: HARTRIDGE, DOROTHY
Address: 4358 TIMUQUANA RD #190
City-St-Zip: JACKSONVILLE, FL 32210

Title: T
Name: HAMMOCK, LINDA
Address: 4358 TIMUQUANA ROAD, #207
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP
Name: IRA, STEWART
Address: 5303 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: D
Name: PINKERTON, MILDRED
Address: 4358 TIMUQUANA RD #147
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: LINDA HAMMOCK THOM 02/06/2012

Electronic Signature of Signing Officer or Director — Date