

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 07, 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: VP
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: P
Name: IRA, STEWART
Address: 5303 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: S
Name: MAKOUL, AMANDA
Address: 4358 TIMUQUANA ROAD UNIT 178
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 C HAMMOCK

TREA

02/07/2012

Electronic Signature of Signing Officer or Director

Date