
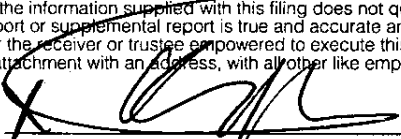


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90023 007 \*\*\*\*61.25

<b>DOCUMENT # N03000000757</b> 1. Entity Name <b>TIMACUAN COMMERCIAL PROPERTY ASSOCIATION, INC.</b>					
Principal Place of Business <del>908 SOUTH DELANEY AVENUE</del> <del>ORLANDO FL 32806</del>				Mailing Address <b>908 SOUTH DELANEY AVENUE</b> <b>ORLANDO FL 32806</b>	
2. Principal Place of Business <b>3333 S Orange Ave</b>		3. Mailing Address <b>P O Box 568821</b>			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3766540</b>	
Zip <b>32806-8500</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP.</b> <b>200 LAURA STREET, THIRD FLOOR</b> <b>THE GREENLEAF BLDG.</b> <b>JACKSONVILLE FL 32201-0240</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>					
D/P/S/T <b>Daryl M Carter</b> <b>3333 S Orange Ave, Suite 200</b> <b>Orlando FL 32806-8500</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Daryl M Carter</b>					
Mar 15 04 407/422-3144 Date Daytime Phone #					