
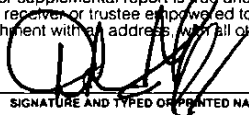


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 028 ****61.25

DOCUMENT # N03000005133					
1. Entity Name VILLAS OF TIMBERLIN PARC CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7701 TIMBERLIN PARK BLVD. JACKSONVILLE, FL 32256			Mailing Address 7701 TIMBERLIN PARK BLVD. JACKSONVILLE, FL 32256		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICES, INC. A1A SOUTH SAINT AUGUSTINE, FL 32080				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CHARLES JR.		NAME		
STREET ADDRESS	7701 TIMBERLIN PARC BLVD #611		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Delete	TITLE	TV Coowner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, MAGGIE		NAME	Dor Gubbey	
STREET ADDRESS	7701 TIMBERLIN PARC BLVD		STREET ADDRESS	7701 Timberlin Pk Blvd, # 1311	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKERMAN, ARTHUR		NAME	Tommy Riggins	
STREET ADDRESS	7701 TIMBERLIN PARK BLVD		STREET ADDRESS	7701 Timberlin Pk Blvd, 603	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	William Carey	
STREET ADDRESS			STREET ADDRESS	7701 Timberlin Pk Blvd, # 1635	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sue Assion	
STREET ADDRESS			STREET ADDRESS	7701 Timberlin Pk. Blvd. # 1612	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 30 Jan 06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		