


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90005 049 \*\*\*\*61.25

**DOCUMENT # N03000005133**

1. Entity Name  
**VILLAS OF TIMBERLIN PARC CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**11555 CENTRAL PARKWAY, STE. ~~1103~~ 801**  
**JACKSONVILLE, FL 32224**

Mailing Address  
**11555 CENTRAL PARKWAY, STE. ~~1103~~ 801**  
**JACKSONVILLE, FL 32224**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. **Ste. 801**

3. Mailing Address  
 Suite, Apt. #, etc. **Ste. 801**

City & State  
 City & State

Zip Country Zip Country

03262008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**14-1890323**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FIRST COAST ASSOCIATION MANAGEMENT LLC**  
**11555 CENTRAL PARKWAY, STE. ~~1103~~ 801**  
**JACKSONVILLE, FL 32224**

**7. Name and Address of New Registered Agent**

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 **3/26/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, JEFFREY L 7701 TIMBERLIN PARK BLVD JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHYLLIS, KOPYTKO L 7701 TIMBERLIN PARK BLVD JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAREY, WILLIAM 7701 TIMBERLIN PK. BLVD., #1635 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DUDDERAR, SHAYNA E 7701 TIMBERLIN PARK BLVD, #313 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete MCINTOSH, LEROY 7701 TIMBERLIN PARK BLVD, #1625 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carrie Songer 7701 Timberlin Park Blvd, #1514 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **3/26/08** DAYTIME PHONE # **904-998-5365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# N03000005133

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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Document Number N03000005133  
Business Entity Name VILLAS OF TIMBERLIN PARC CONDOMINIUM ASSOCIATION, INC.  
FEI Number 141890323  
FEI Number Status  
Certificate of Status Desired No  
Election Campaign Financing Trust Fund Contribution No

#### Principal Place of Business

Address 11555 CENTRAL PARKWAY  
Suite, Apt. #, etc. SUITE 801  
City, State JACKSONVILLE, FL  
Zip Code & Country 32224

#### Mailing Address

Address 11555 CENTRAL PARKWAY  
Suite, Apt. #, etc. SUITE 801  
City, State JACKSONVILLE, FL  
Zip Code & Country 32224

#### Name And Address of Registered Agent

RA Business Name FIRST COAST ASSOCIATION MANAGEMENT LLC  
Address 11555 CENTRAL PARKWAY  
Suite, Apt. #, etc. SUITE 801  
City, State JACKSONVILLE, FL  
Zip Code & Country 32224 US  
Registered Agent Signature MARGARET STOREY

#### Officer/Director Name And Address

##### Name And Address #1

Title PRES  
Name (Last, First, Middle, Title) MCINTOSH, ROY  
Street Address 7701 TIMBERLIN PARK BLVD., #1625  
City, State JACKSONVILLE, FL

# N03000005133

Zip Code & Country 32256

**Name And Address #2**

Title VP

Name (Last, First, Middle, Title) SONGER, CARRIE

Street Address 7701 TIMBERLIN PARK BLVD., #1514

City, State JACKSONVILLE, FL

Zip Code & Country 32256

**Name And Address #3**

Title TRES

Name (Last, First, Middle, Title) DUDDERAR, SHAYNA

Street Address 7701 TIMBERLIN PK. BLVD., #313

City, State JACKSONVILLE, FL

Zip Code & Country 32256

Title CFO

Officer/Director Signature MARGARET STOREY

Continue