


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: Maureen S... 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

N0300000S133

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