



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 021 \*\*\*\*61.25

<b>DOCUMENT # N05000011255</b> 1. Entity Name <b>TIMBER RUN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256</b>			Mailing Address <b>C/O MAY MANAGEMENT SRVS INC 5455 US HWY A1A S SAINT AUGUSTINE, FL 32080</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O MAY MGMT SVC INC.</b> Suite, Apt. #, etc. <b>5455 HWY A1A S.</b> City & State <b>SAINT AUGUSTINE, FL.</b> Zip <b>32080</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>USA</b>		<b>40012330</b>  	
6. Name and Address of Current Registered Agent <b>DOAN, JAN</b> <b>MAY MANAGEMENT SRVS., INC</b> <b>5455 US HWY A1A S</b> <b>SAINT AUGUSTINE, FL 32080</b>				7. Name and Address of New Registered Agent Name <b>ANNA MARKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>MAY MANAGEMENT SVC., INC.</b> <b>5455 HWY A1A SOUTH</b> City <b>SAINT AUGUSTINE</b> <b>FL</b> Zip Code <b>32080</b>	
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 <u><i>John S. Waizmann</i></u> <u><i>Anna Marks</i></u> <b>Jan. 30, 2007</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAKOSKE, JOHN L JR 9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN SCOTT WAIZMANN 5151 PLAYPEN DRIVE #14 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEARING, MARK C 9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LILLIAN SMITH 5101 PLAYPEN DRIVE #1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOAN, JAN 9456 PHILIPS HWY SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KIWANA SWANS 5050 PLAYPEN DRIVE #5 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHNATHON WRIGHT 5200 PLAYPEN DRIVE #15 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>John S. Waizmann</i></u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>				<b>Jan. 30, 2007</b> <small>Date Daytime Phone #</small>	