

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 010 ****61.25

DOCUMENT # N05000011255

1. Entity Name
TIMBER RUN CONDOMINIUM ASOCIATION, INC.



Principal Place of Business
C/O MAY MGMT SUE INC
5455 HWY A1A S
SAINT AUGUSTINE, FL 32080

Mailing Address
C/O MAY MANAGEMENT SRVS INC
5455 US HWY A1A S
SAINT AUGUSTINE, FL 32080

40016267



01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-3749266

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, ANNA
MAY MANAGEMENT SRVS., INC
5455 US HWY A1A S
SAINT AUGUSTINE, FL 32080

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☐ Delete
NAME WAIZMANN, JOHN S
STREET ADDRESS 5151 PLAYPEN DRIVE #14
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☐ Delete
NAME SMITH, LILLIAN
STREET ADDRESS 5101 PLAYPEN DRIVE #1
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☐ Delete
NAME SWANS, KIWANA
STREET ADDRESS 5050 PLAYPEN DRIVE #5
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S ☒ Delete
NAME WRIGHT, JOHNATHON
STREET ADDRESS 5200 PLAYPEN DRIVE #15
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Asst. VP / Asst Secretary ☐ Change ☒ Addition
NAME Huisman, Kristine
STREET ADDRESS 5050 Playpen Dr. #12
CITY-ST-ZIP Jacksonville, FL 32256

TITLE S ☐ Change ☒ Addition
NAME MARSHA VEISZ
STREET ADDRESS 5150 PLAYPEN DRIVE #4
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

John S. Waizmann

John S. Waizmann

17 Jan 08

904-476-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #