2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000011255

Apr 25, 2008
Secretary of State

Entity Name: TIMBER RUN CONDOMINIUM ASOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MAY MGMT SUE INC 12187 BEACH BLVD. 5455 HWY AIA S SUITE 4

SAINT AUGUSTINE, FL 32080 JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

C/O MAY MANAGEMENT SRVS INC 12620-3 BEACH BLVD.

5455 US HWY A1A S #301

SAINT AUGUSTINE, FL 32080 JACKSONVILLE, FL 32246

FEI Number: 20-3749266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARKS, ANNA

MAY MANAGEMENT SRVS., INC

JARNUTOWSKI, SHERRIE
12620-3 BEACH BLVD.

5455 US HWY A1A S #301

SAINT AUGUSTINE, FL 32080 US JACKSONVILLE, FL 32246 US

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.

SIGNATURE: SHERRIE JARNUTOWSKI 04/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 WAIZMANN, JOHN S
 Name:
 WAIZMANN, JOHN S

 Address:
 5151 PLAYPEN DRIVE #14
 Address:
 12620-3 BEACH BLVD. #301

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32246

Title: VP () Delete Title: VP (X) Change () Addition

Name: SMITH, LILLIAN Name: SMITH, LILLIAN

 Address:
 5101 PLAYPEN DRIVE #1
 Address:
 12620-3 BEACH BLVD. #301

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32246

Title: T () Delete Title: T (X) Change () Addition

Name:SWANS, KIWANAName:SWANS, KIWANAAddress:5050 PLAYPEN DRIVE #5Address:12620-3 BEACH BLVD. #301

Address: 5050 PLAYPEN DRIVE #5 Address: 12620-3 BEACH BLVD. #30' City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32246

Title: AVP () Delete Title: AVP (X) Change () Addition

 Name:
 HUISMAN, KRISTINE
 Name:
 HUISMAN, KRISTINE

 Address:
 5050 PLAYPEN DR 12
 Address:
 12620-3 BEACH BLVD. #301

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32246

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf (1) Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change (1) Addition}$

Name: VEISZ, MARSHA Name: VEISZ, MARSHA

 Address:
 5150 PLAYPEN DR 4
 Address:
 12620-3 BEACH BLVD. #301

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRIE JARNUTOWSKI RA 04/25/2008