

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED****Jul 16, 2008
Secretary of State**

DOCUMENT# N06000011817

Entity Name: TIMUQUANA COMMERCE CENTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS, FL 32043**New Principal Place of Business:**7400 BAYMEADOWS WAY #320
JACKSONVILLE, FL 32256**Current Mailing Address:**3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS, FL 32043**New Mailing Address:**7400 BAYMEADOWS WAY #320
JACKSONVILLE, FL 32256

FEI Number: 56-2633851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROYAL, BERT V
3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS, FL 32043 US**Name and Address of New Registered Agent:**WEAVER, WALTER F
7400 BAYMEADOWS WAY #320
JACKSONVILLE, FL 32256 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: W. FROST WEAVER

07/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROYAL, BERT V
Address: 3616 MAGNOLIA POINT BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DVS () Delete
Name: HARTWIG, KELLY W
Address: 3616 MAGNOLIA POINT BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DT () Delete
Name: CUMMINGS, KAREN
Address: 3616 MAGNOLIA POINT BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LIBERA, DANIEL C
Address: 5353-1 RAMONA BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: DVP (X) Change () Addition
Name: SCHEU, FRANK
Address: 5307 SHORECREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS (X) Change () Addition
Name: LESHER, MARY
Address: 700 CINNAMON BEACH WAY # 652
City-St-Zip: PALM COAST, FL 32137

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: DANIEL C. LIBERA

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

Date