


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N24185 1. Entity Name TIMUCUA VILLAGE NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 14101 TOWN LOOP BLVD ORLANDO, FL 32837 US	Mailing Address 14101 TOWN LOOP BLVD ORLANDO, FL 32837 US
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2922551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, ROBERT L
850 CONCOURSE PKWY SO
STE 105
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, ANGELA 3403 TIMUCUA CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEIGER, THOMAS 3239 TIMUCUA CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DELGROSSO, ALLISON 3315 TIMUCUA CIR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERALE, LINDA 3248 TIMUCUA CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALDERALE, RICHARD 3248 TIMUCUA CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/13/08-80043-013-61.25

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: Angela P. Hall ANGELA HALL 11/25/08 407-240-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #