

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743649

**Entity Name:** TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4358 TIMUQUANA ROAD  
SUITE A  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4358 TIMUQUANA ROAD  
SUITE A  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-1930370

**Certificate of Status Desired:** No

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

AMADOR, ALEXANDRA ESQ.  
MCCABE & RONSMAN  
110 SOLANA ROAD SUITE 102  
PONTE VEDRA BEACH, FL 32082 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:** ALEXANDRA AMADOR

05/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            RIGGS, LAUREN  
Address        4358 TIMUQUANA ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32210

Title            SECRETARY  
Name            ARMSTRONG, ERIN  
Address        4358 TIMUQUANA ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32210

Title            PRESIDENT  
Name            BALDWIN, SARA  
Address        4358 TIMUQUANA ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32210

Title            DIRECTOR  
Name            MATTOX, JOSEPH P  
Address        4358 TIMUQUANA ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32210

Title            DIRECTOR  
Name            MELCOLM, DOUGLAS A III  
Address        4358 TIMUQUANA ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32210

Title            VP  
Name            ACOSTA, WINTHROP  
Address        4358 TIMUQUANA ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby 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 all other like empowered.*

**SIGNATURE:** SARA BALDWIN

**PRESIDENT**

05/16/2024

Electronic Signature of Signing Officer/Director Detail

Date