

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743649

**Entity Name:** TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4358 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210**Current Mailing Address:**4358 TIMUQUANA ROAD  
CLUBHOUSE SUITE A  
JACKSONVILLE, FL 32210 US**FEI Number:** 59-1930370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIGGS, LAUREN H.  
4358 TIMUQUANA RD  
UNIT 140  
JACKSONVILLE, FL 32210 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:** LAUREN H. RIGGS

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | VP                             |
| Name            | RIGGS, LAUREN H                |
| Address         | 4358 TIMUQUANA RD<br>UNIT #140 |
| City-State-Zip: | JACKSONVILLE FL 32210          |

|                 |                               |
|-----------------|-------------------------------|
| Title           | PRESIDENT                     |
| Name            | MATTOX, JOSEPH P              |
| Address         | 4358 TIMUQUANA RD<br>UNIT 130 |
| City-State-Zip: | JACKSONVILLE FL 32210         |

|                 |                               |
|-----------------|-------------------------------|
| Title           | SECRETARY                     |
| Name            | HETZLER, WILLIAM E            |
| Address         | 4358 TIMUQUANA RD<br>UNIT 206 |
| City-State-Zip: | JACKSONVILLE FL 32210         |

|                 |                           |
|-----------------|---------------------------|
| Title           | TREASURER                 |
| Name            | GRIFFIN, KIRBY            |
| Address         | 4358 TIMUQUANA RD.<br>106 |
| 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:** LAUREN RIGGS

VP

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date