

**2014 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  
JACKSONVILLE, FL 32210**FEI Number:** 59-1930370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMMOCK, LINDA CTREASUR  
4358 TIMUQUANA RD #207  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title VP  
Name THOMPSON, JEFF  
Address 4358 TIMUQUANA RD  
UNIT 107  
City-State-Zip: JACKSONVILLE FL 32210

Title T  
Name HAMMOCK, LINDA  
Address 4358 TIMUQUANA ROAD  
UNIT 207  
City-State-Zip: JACKSONVILLE FL 32210

Title P  
Name STIRN, PATRICIA  
Address 4358 TIMUQUANA ROAD  
UNIT 124  
City-State-Zip: JACKSONVILLE FL 32210

Title S  
Name HARTRIDGE, DOTTIE  
Address 4358 TIMUQUANA ROAD  
UNIT 190  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name PINKERTON, MILDRED  
Address 4358 TIMUQUANA RD  
UNIT 147  
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:** LINDA HAMMOCK

TREASURER

02/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date