


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005580
 1. Entity Name
 TAYLOR VILLAGE OWNER'S ASSOCIATION, INC.



Principal Place of Business 5401 TAYLOR RD NAPLES, FL 34109	Mailing Address 5401 TAYLOR RD NAPLES, FL 34109
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07272006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035428	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
 OLSZEWSKI, LAURA S
 5401 TAYLOR RD
 STE 3
 NAPLES, FL 34109

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSZEWSKI, LAURA S 5401 TAYLOR RD #3 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LINDSEY J 5405 TAYLOR RD #5 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY, WILLIAM B 5405 TAYLOR RD #15 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/01/06-80005-006 61.25

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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:  DATE: 7/27/06 DAYTIME PHONE #: 239-593-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #