
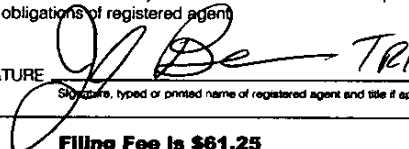
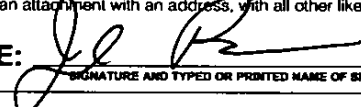


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 023 \*\*\*\*61.25

<b>DOCUMENT # 722978</b> 1. Entity Name TAYLOR CREEK VILLAGE ASSOCIATION, INC.					
Principal Place of Business PO BOX 1616 KEY LARGO, FL 33037 US			Mailing Address PO BOX 1616 KEY LARGO, FL 33037 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BLAIR, JAMES</b> <b>240 TAYLOR DR</b> <b>KEY LARGO, FL 33037</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;">           TRPSK J. A. BLAIR  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;">           4/9/07  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIR, JAMES 240 TAYLOR DRIVE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIR, ALTHEA 240 TAYLOR DRIVE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE BARSIMANTOV 271 RYAN AVE KEY LARGO FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERLOFF FREUDLICH, LINDA 314 LOEB AVENUE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAREK, CHRIS 304 KING AVE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLATER, CHARLES 251 LANE E KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAN DONOVAN 265 LEE AVE KEY LARGO FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, RAY 309 LANCE LANE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/9/07 305-457-038					