

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742008

FILED
Apr 21, 2009
Secretary of State

Entity Name: TAYLOR CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3124 U.S. 441 S.E.
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

3124-441 S.E. OFFICE
OKEECHOBEE, FL 34974 US

New Mailing Address:

3124 U.S. 441 S.E.
OKEECHOBEE, FL 34974

FEI Number: 59-2005919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOS, SHARON B
3124 HIGHWAY 441 SE
B1
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODTON, BARRY
Address: 3124 HIGHWAY 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD () Delete
Name: MANOS, SHARON
Address: 3124 HWY 441 SE B 1
City-St-Zip: OKEECHOBEE, FL 34974

Title: VPD () Delete
Name: ATKINS, ANNE
Address: 3124 HWY 441 SE A 8
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: ARNOLD, PAUL
Address: 9371 CYPRESS LAKE DR 14
City-St-Zip: FT MYERS, FL 38919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ATKINS, ANN
Address: 3124 HIGHWAY 441 S.E. A8
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SWEDA, RENNAE
Address: 497 S.W. 21 ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: SEC (X) Change () Addition
Name: HARPER, WENDY
Address: 61 KAREN ROAD
City-St-Zip: HOLLAND, PA 18966

Title: VP () Change (X) Addition
Name: HARRIS, MARYANN
Address: 3124 HWY 441 SE E1
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON MANOS

TRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date