

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746466

1. Entity Name

TAYLOR CREEK ISLES HOMEOWNERS ASSN., INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90144 050 ****61.25

Principal Place of Business

660 PINE AVE
OVIEDO FL 32765
US

Mailing Address

660 PINE AVE
OVIEDO FL 32765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1782175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOME, J. FRANK
STREET ADDRESS 660 PINE AVE.
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE VD
NAME NEUWAHL, MALCOLM
STREET ADDRESS 1500 SAN REMO AVE., #125
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE STD
NAME BUTLER, MARK F.
STREET ADDRESS 4801 SHERIDAN STREET, STE. 505
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
Doc# 746466/821201
LAW OFFICES

PACKMAN, NEUWAHL & ROSENBERG

SUITE 125

1500 SAN REMO AVENUE

CORAL GABLES, FLORIDA 33146

BRUCE BARTON PACKMAN (1943-2001)
MALCOLM H. NEUWAHL
MICHAEL ROSENBERG
DENNIS GINSBURG
ROBERT A. STAMEN
LESLIE A. SHARE
JACK D. FINKELMAN
JOSE L. NUÑEZ
MARK R. STARKMAN
RALPH A. NARDI
LOUIS L. FELDMAN
ROBERT A. STERLING
SHAWN P. WOLF
ERIC J. TRUMBULL
TODD N. ROSENBERG
MARY JEAN CATINCHI MELLA

TELEPHONE (305) 665-3311

TELEFAX (305) 665-1244

WWW.PNRLAW.COM

Sender's e-mail: axa@pnrlaw.com

NAPLES OFFICE

TELEPHONE (941) 435-4500

PLEASE ADDRESS CORRESPONDENCE TO
CORAL GABLES OFFICE

January 23, 2002

Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: Taylor Creek Isles Homeowners Assn., Inc. (the "Corporation")
Our Client File Number 1437A(d)

Gentlemen:

Enclosed herewith please find the 2002 Uniform Business Report (UBR) together with a check in the amount of One Hundred and Fifty Dollars (\$61.25) for the filing fee.

Thank you for your attention to this matter.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG

ALINA ARTAMENDI
Legal Assistant

Encs.

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