

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90145 047 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 746466

1. Entity Name

TAYLOR CREEK ISLES HOMEOWNERS  
ASSN., INC.



**DO NOT WRITE IN THIS SPACE**

**90137654**

2. Principal Place of Business  
335 Hemlock Spring Trail

Suite, Apt. #, etc.

3. Mailing Address  
335 Hemlock Spring Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Weaverville, NC

City & State  
Weaverville, NC

4. FEI Number  
59-1782175

Applied For

Not Applicable

Zip  
28787

Country  
USA

Zip  
28787

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Atrium Registered Agents, Inc.

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

1500 San Remo Avenue, Suite 125

City Coral Gables

FL

Zip Code  
33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PD Broome, J. Frank  
335 Hemlock Spring Trail  
Weaverville, NC 28787

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VD Neuwahl, Malcolm  
1500 San Remo Ave., Suite 125  
Coral Gables, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

STD Butler, Mark F.  
4601 Sheridan Street, Suite 505  
Hollywood, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 517, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malcolm H. Neuwahl, VPre./Dir.

5-19-03 305 665-3311

Date

Daytime Phone #

CR2E037B (12/02)