


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748994 (1)
1. Corporation Name
TAYLOR ROAD CIVIC ASSOCIATION, INC.

Principal Place of Business 11318 E. SLIGH AVE SEFFNER FL 33584 US	Mailing Address 11318 E. SLIGH AVE SEFFNER FL 33584 US
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3. Date Incorporated or Qualified
09/20/1979

4. FEI Number
NOT APPLICABLE Applied For Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 29	Country 30

9. Name and Address of Current Registered Agent
**OBERTING, CAM
11318 E. SLIGH AVE.
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERTING, CAM	1.2 NAME	
STREET ADDRESS	11318 E SLIGH	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, HERMI	2.2 NAME	
STREET ADDRESS	9132 N. TAYLOR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, REV. B	3.2 NAME	
STREET ADDRESS	11222 RUSSELL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIBBS, MARILYN	4.2 NAME	
STREET ADDRESS	1014 OLD HILLSBOROUGH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, JOHNSON R PH.D.	5.2 NAME	
STREET ADDRESS	6544 HIGHWAY, #579	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, EDITH	6.2 NAME	
STREET ADDRESS	11218 RUSSELL DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cam Oberting* *Cam Oberting* 4-20-98 813-2465183

CR2E037 (10/97)