


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 748994			
1. Entity 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	
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 NO-T APPLICABLE		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OBERTING, CAM 11318 E. SLIGH AVE. SEFFNER FL 33584		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Cam Oberting</i>		DATE 2-8-06	
<small>Signature (typed or printed name of registered agent and title, if applicable)</small>		<small>(NOTE: Registered Agent signature required when registering)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	OBERTING, CAM	NAME	
STREET ADDRESS	11318 E SLIGH	STREET ADDRESS	
CITY- ST- ZIP	SEFFNER, FL 00000	CITY- ST- ZIP	U00000433641 02/24/06-80025-021 61.25
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HERRICK, HERMI	NAME	
STREET ADDRESS	9132 N. TAYLOR RD	STREET ADDRESS	
CITY- ST- ZIP	SEFFNER FL	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEWIS, JERRY	NAME	
STREET ADDRESS	520 PRUITT RD	STREET ADDRESS	
CITY- ST- ZIP	SEFFNER FL 33584	CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEE, SALLY	NAME	
STREET ADDRESS	11911 THONOTOSASSA RD	STREET ADDRESS	
CITY- ST- ZIP	THONOTOSASSA FL 33592	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GOLDSMITH, JOHNSON R PH.D.	NAME	
STREET ADDRESS	6544 HIGHWAY, #579	STREET ADDRESS	
CITY- ST- ZIP	SEFFNER FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PEREZ, EDITH	NAME	
STREET ADDRESS	11218 RUSSELL DR.	STREET ADDRESS	
CITY- ST- ZIP	SEFFNER FL	CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Cam Oberting* DATE **2-8-06**