

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763940

FILED
Apr 29, 2008
Secretary of State

Entity Name: TAURUS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1203 GORDA CAY LANE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

7357 N. TULIP TREE
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 59-2626126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUDREAU, DAVID D
7357 N. TULIP TREE
PUNTA GORDA, FL 33955 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: BOUDREAU, DAVID
Address: 7357 N. TULIP TREE
City-St-Zip: PUNTA GORDA, FL 339551049

Title: D () Delete
Name: FRANKE, BILL
Address: 2361 CALLAWAY DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: D () Delete
Name: DRAPER, ROBERT G
Address: 1890 VALLEY FARM RD.
City-St-Zip: PICKERING, ONTARIO, CANADA, CA L1V6B4

Title: D () Delete
Name: DRAPER, MARGARET
Address: 1890 VALLERY FARM RD.
City-St-Zip: PICKERING, ONTARIO, CANADA, CA L1V6B4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID D. BOUDREAU

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date