

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84844** (2)

1. Corporation Name

TAYLOR WOODROW PROPERTY COMPANY (FLORIDA), INC.



Principal Place of Business

Mailing Address

**7120 S. BENEVA RD.
SARASOTA FL 34238
US**

**7120 S. BENEVA RD.
SARASOTA FL 34238
US**

3. Date Incorporated or Qualified

06/09/1982

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

58-1490041

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHACKELTON, N. J.
7120 S. BENEVA RD.
STE 2570
SARASOTA FL 34238**

81 Name

Kathryn B. Clayton

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

7120 S. Beneva Rd.

83

84 City

Sarasota

FL

85 Zip Code
34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Kathryn B. Clayton

Kathryn B. Clayton, Treasurer/Reg. Agent 2/9/96

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **LAMBRECHT, WILLIAM G.**
STREET ADDRESS **1550 RINGLING BLVD.**
CITY-STATE-ZIP **SARASOTA FL**

TITLE **PD** ☒ DELETE
NAME **SHACKLETON, NICHOLAS J**
STREET ADDRESS **7120 S. BENEVA ROAD**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Green, David**
2.3 STREET ADDRESS **4 Dunraven Street**
2.4 CITY-STATE-ZIP **London, WLY 3FG, England**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Kathryn B. Clayton**
3.3 STREET ADDRESS **7120 S. Beneva Road**
3.4 CITY-STATE-ZIP **Sarasota, FL 34238**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathryn B. Clayton

Kathryn B. Clayton 2/9/96

941-927-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)