2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005580

1. Entity Name
TAYLOR VILLAGE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 TAYLOR RD NAPLES, FL 34109	5401 TAYLOR RD NAPLES, FL 34109

07062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1035428
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLSZEWSKI, LAURA S
5401 TAYLOR RD
STE 3
NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLSZEWSKI, LAURA S
STREET ADDRESS	5401 TAYLOR RD #3
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	THOMAS, LINDSEY J
STREET ADDRESS	5405 TAYLOR RD #5
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	TRACY, WILLIAM B
STREET ADDRESS	5405 TAYLOR RD #15
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000371687
07/11/05-80001-004 61.25

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 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: _____ 7/6/05 239-593-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #