

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000005580 1. Entity Name TAYLOR VILLAGE OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 5401 TAYLOR RD #6 NAPLES, FL 34109	Mailing Address 5401 TAYLOR RD #6 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

FILED
08 JUN -6 PM 3:55
66010475
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05052008 No Chg-NP CR2E037 (4/06)
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
KOEHLER, ROBERT
5405 TAYLOR RD
STE 17
NAPLES, FL 34109

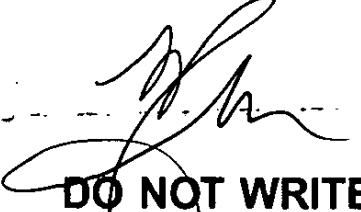
**DO NOT WRITE
IN THIS SPACE**

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.

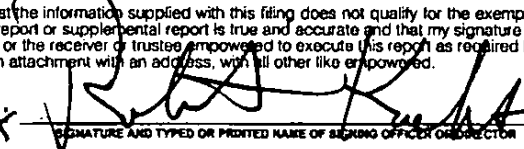
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KOEHLER, ROBERT 5405 TAYLOR RD #17 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V P EDWARDS, GUS 5405 TAYLOR RD #9 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC ROSALES, ORLANDO 5405 TAYLOR RD #10 & 11 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES TRACY, WILLIAM B 5405 TAYLOR ROAD # 15 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUITARD, JOHN 5401 TAYLOR ROAD # 2 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

02/14/08 90016 017-6.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #