2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005580

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

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

660104 75

Principal Place of Business	Mailing Address
5401 TAYLOR RD #6 NAPLES, FL 34109	5401 TAYLOR RD #6 NAPLES, FL 34109

05052008 No Chg-NP CR2E037 (4/06)

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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

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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 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KOEHLER, ROBERT
STREET ADDRESS	5405 TAYLOR RD #17
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	V P
NAME	EDWARDS, GUS
STREET ADDRESS	5405 TAYLOR RD #9
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SEC
NAME	ROSALES, ORLANDO
STREET ADDRESS	5405 TAYLOR RD #10 & 11
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	TRES
NAME	TRACY, WILLIAM B
STREET ADDRESS	5405 TAYLOR ROAD # 15
CITY-ST-ZIP	NAPELS, FL 34109
TITLE	D
NAME	GUITARD, JOHN
STREET ADDRESS	5401 TAYLOR ROAD # 2
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/14/08 90016 017 - #61.25

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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: X _____ 5 May 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #