## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2003 8:00 am Secretary of State DOCUMENT # N0000005580 05-02-2003 90085 030 \*\*\*\*61.25 TAYLOR VILLAGE OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 2375 TERRA VERDE LANE 2375 TERRA VERDE LANE NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address 5401 Taylor Rd.. 54<u>01 Taylor Rd.</u> Suite\_Ant # Suite, Apt. # \*\* CHECK HERE IF MAKING CHANGES 3 Applied For City & State City & State 4. FEI Number 65-1035428 Naples, Naples, FL Not Applicable Zip 34109 Country Country \$8.75 Additional 34109 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Laura S. Olszewski MORRISON, DAVID N'RSQ Street Address (P.O. Box Number is Not-Acceptable) 2375 TERRA VERDE LANE Suite #3 NAPLES FL 34105 City Naples <sup>Zip</sup> 3%109 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be (Ý FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D ☐ Change TITLE Delete TITLE Addition NAME DIXON, ROBERT J -NAME Laura S. Olszewski 5401 Taylor Naples, FL STREET ADDRESS 6440 SABLE RIDGE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Change TITLE TITLE BATES, MARK C Lindsey J. Thomas NAME. NAME 5405 Taylor Rd., STREET ADDRESS STREET ADDRESS 533 TURTLE HATCH LANE Naples, FL 34109 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE \* Delete Change\* TITLE MORRISON, DAVID N ESQ NAME NAME William B. Tracy STREET ADDRESS 3838 TAMIAMI TRAIL NORTH STE 402 STREET ADDRESS 5405 Taylor Rd., Naples, FL 34109 CITY-ST-7IP CITY-ST-7IP NAPLES FL 34103 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 empewered 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 a point in the property of the composition of the receiver of the receiver of the receiver of the composition of the receiver of the receiver of the receiver of the receiver of the rece

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SIGNATURE:

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