
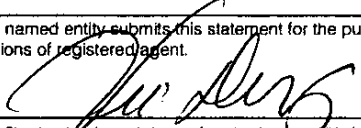
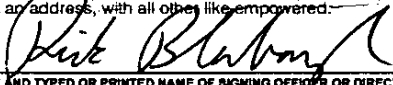


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 018 \*\*\*\*61.25

<b>DOCUMENT # N00000008105</b> 1. Entity Name <b>TAYLOR RIDGE HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>820 PALMWAY ST KISSIMMEE, FL 34744</b>		Mailing Address <b>820 PALMWAY ST KISSIMMEE, FL 34744</b>	
2. Principal Place of Business <b>2884 S. Osceola Ave</b>		3. Mailing Address <b>2884 S. Osceola Ave</b>	
Suite, Apt. #, etc. <b>Orlando FL</b>		Suite, Apt. #, etc. <b>Orlando FL</b>	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32806</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>FERDINANDSEN ENTERPRISES, INC. 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Vicki Diaz</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>2-2-06</b>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>PD</b> <b>GRAZZINI, PETE</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>PD</b> <b>Blubaugh, Rick</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1689 TAYLOR RIDGE LOOP</b>	STREET ADDRESS	<b>1658 Taylor Ridge Loop</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	CITY-ST-ZIP	<b>Kissimmee FL 34744</b>
TITLE	<b>STD</b> <b>COLACHE, HUGO</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>STD</b> <b>Thompson, William</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1655 TAYLOR RIDGE LOOP</b>	STREET ADDRESS	<b>1670 Taylor Ridge Loop</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	CITY-ST-ZIP	<b>Kissimmee FL 34744</b>
TITLE	<b>MC</b> <b>KLASTERMAN, STEPHEN</b> <input checked="" type="checkbox"/> Delete	TITLE	
STREET ADDRESS	<b>820 PALMWAY ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-10-06</b> <small>Date Daytime Phone #</small>	

40014159



01202006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

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