2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N04000009746

Entity Name: TAYLOR WOODS SUBDIVISION OF DELAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1701 E MINNESOTA AVE
DELAND, FL 32724

New Principal Place of Business:

1750 TAYLOR WOODS ROAD
DELAND, FL 32724

Current Mailing Address:

1701 E MINNESOTA AVE
DELAND, FL 32724

New Mailing Address:

1750 TAYLOR WOODS ROAD
DELAND, FL 32724

FEI Number: 73-1734545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONE, MARSHALL
211A N AMELIA AVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMBACHTSHEER, PIETER C
Address: 1701 E MINNESOTA AVE
City-St-Zip: DELAND, FL 32724

Title: STD ( ) Delete
Name: ABACHTSHEER, KATHY
Address: 1701 E MINNESOTA AVE
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: BONE, MARSHALL
Address: 211A N AMELIA AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: FLACK, GEORGE
Address: 1750 TAYLOR WOODS ROAD
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change ( ) Addition
Name: BONE, MARSHALL
Address: 211A N AMELIA AVE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL BONE SD 04/26/2005

Electronic Signature of Signing Officer or Director — Date