


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

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000009746</b> 1. Entity Name <b>TAYLOR WOODS SUBDIVISION OF DELAND HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1750 TAYLOR WOODS ROAD DELAND, FL 32724</b>	Mailing Address <b>1750 TAYLOR WOODS ROAD DELAND, FL 32724</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>73-1734545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FLACK, GEORGE 1750 TAYLOR WOODS RD DELAND, FL 32724</b>
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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 <i>George Flack</i>	<i>George Flack</i>	DATE <i>1/23/08</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing)</small>		

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD AMBACHTSHEER, PIETER C 1701 E MINNESOTA AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD FLACK, GEORGE 1750 TAYLOR WOODS ROAD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD SURPHLIS, LISA 1740 TAYLOR WOODS RD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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U00000803263  
02/05/08-80017-021 61.25

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: <i>George Flack</i>	DATE <i>1/23/08</i>	DAYTIME PHONE # <i>386-717-7998</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		