

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90073 034 ****61.25

DOCUMENT # N04000010190					
1. Entity Name TAYLOR BROOKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3361 W. VINE ST. 208 KISSIMMEE, FL 34741			Mailing Address 3361 W. VINE ST. 208 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 102 PARK PLACE BLVD		3. Mailing Address 102 PARK PLACE		40042341 	
Suite, Apt. #, etc. SUITE D-2		Suite, Apt. #, etc. Suite D-2		01222008 Chg-NP CR2E037 (12/06)	
City & State KISSIMMEE, FL 34741		City & State KISSIMMEE, FL		4. FEI Number 20-2796411	
Zip 34741		Country OSCOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. C/O DOLLIE BOYD 3361 W VINE ST, STE 208 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name: <u>Florida Association Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>102 Park Place Blvd, Suite D-2</u> City: <u>Kissimmee</u> FL Zip Code: <u>34741</u>	
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: <u>Dollie Boyd, agent</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME JOHN, CRYSTAL STREET ADDRESS 1612 TAYLOR BROOKE DRIVE CITY-ST-ZIP BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Hulahan, Thomas STREET ADDRESS 1612 Taylor Brooke Drive CITY-ST-ZIP Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME FORNEY, DENIS STREET ADDRESS 1672 TAYLOR BROOKE DR CITY-ST-ZIP BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME KOKES, Anita STREET ADDRESS 1677 Taylor Brooke Drive CITY-ST-ZIP Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME ALI, NAZIM STREET ADDRESS 1630 TAYLOR BROOKE DR CITY-ST-ZIP BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Patterson, Cynthia STREET ADDRESS 1600 Taylor Brooke Drive CITY-ST-ZIP Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Thomas HULAHAN Thomas Hulahan</u> Date: <u>2/27/08</u> Daytime Phone #: <u>863-593-2049</u>					