

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90028 043 ****61.25

DOCUMENT # N04667

1. Entity Name
TAYLOR PATIO HOMES ASSOCIATION, INC.



Principal Place of Business
C/O THOMAS L. COLUCCI
2501 TAYLOR ST., #C
HOLLYWOOD, FL 33020

Mailing Address
C/O THOMAS L. COLUCCI
2501 TAYLOR ST., #C
HOLLYWOOD, FL 33020

50004683



01142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2442288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLUCCI, THOMAS L
2501 TAYLOR ST.
UNIT C
HOLLYWOOD, FL 33020

**DO NOT WRITE
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

Thomas L. Colucci

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

March 8, 2006

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~TR~~ **PRESIDENT**
COLUCCI, THOMAS L
2501 TAYLOR ST. #C
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~TR~~ **QUALO, DENISE**
2501 TAYLOR ST. #E
HOLLYWOOD, FL 33020

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~TR~~ **VP/SECRETARY**
DI SCIASCIO, ALESSANDRO
2501 TAYLOR STREET #A
HOLLYWOOD, FL 33020

LISETTE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~TR~~ **TREASURER**
VALERIO, MARA
2501 TAYLOR ST. #D
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

Thomas L. Colucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2006

DATE

Daytime Phone #