2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# N05000004024

Entity Name: TAYLOR COASTAL COMMUNITIES ASSOCIATION INC.

Current Principal Place of Business:

18820 KEATON BEACH ROAD
PERRY, FL 32348 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91
PERRY, FL 32348 US

New Mailing Address:

FEI Number: 24-2649604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AIBEJERIS, LYNN
20771 KEATON BEACH DRIVE
PERRY, FL 32348 US

Name and Address of New Registered Agent:

MEREDITH, DIANE
PO BOX 91
PERRY, FL 32348 US

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: DIANE MEREDITH 05/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AIBEJERIS, LYNN
Address: 20771 KEATON BEACH DRIVE
City-St-Zip: PERRY, FL 32348 US

Title: SEC ( ) Delete
Name: MEREDITH, DIANE
Address: 20538 KEATON BEACH ROAD
City-St-Zip: PERRY, FL 32348 US

Title: TREA ( ) Delete
Name: PARKER, MARCIA
Address: 129 CEDAR ISLAND ROAD
City-St-Zip: PERRY, FL 32348 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAWTHORN, JERRY
Address: PO BOX 91
City-St-Zip: PERRY, FL 32348 US

Title: VP (X) Change ( ) Addition
Name: MASON, DEBBIE
Address: PO BOX 91
City-St-Zip: PERRY, FL 32348 US

Title: TREA (X) Change ( ) Addition
Name: PARKER, MARCIA
Address: PO BOX 91
City-St-Zip: PERRY, FL 32348 US

Title: SECT ( ) Change (X) Addition
Name: MEREDITH, DIANE
Address: PO BOX 91
City-St-Zip: PERRY, FL 32348 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARCIA PARKER TREA 05/19/2006
Electronic Signature of Signing Officer or Director Date