

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004024

FILED  
Jan 14, 2008  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

HODGES, ANN C  
1466 EZELL BEACH ROAD  
PERRY, FL 32348 US

**Name and Address of New Registered Agent:**

MALONE, GENNIE  
21536 OSPREY ROAD  
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: GENNIE MALONE

01/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PATTI, CAUSEY  
Address: 19060 GOOD TIMES DRIVE  
City-St-Zip: PERRY, FL 32348 US

Title: VP ( ) Delete  
Name: SENTER, LYNETTE  
Address: 19025 MEXICO ROAD  
City-St-Zip: PERRY, FL 32348 US

Title: TREA ( ) Delete  
Name: MALONE, GENNIE  
Address: 21536 OSPREY ROAD  
City-St-Zip: PERRY, FL 32348 US

Title: SECT ( ) Delete  
Name: HODGES, ANN  
Address: 1466 EZELL BEACH ROAD  
City-St-Zip: PERRY, FL 32348 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: SECT (X) Change ( ) Addition  
Name: TAYLOR, CAROLYN  
Address: 8622 BEACH ROAD  
City-St-Zip: PERRY, FL 32348 US

I hereby certify that the information supplied with this filing does not qualify 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: GENNIE MALONE

TREA

01/14/2008

Electronic Signature of Signing Officer or Director

Date