


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90041 049 \*\*\*150.00

<b>DOCUMENT # N06000005404</b>	
1. Entity Name TAYLOR MADE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 14160 NW 77TH CT PH-32 MIAMI LAKES, FL 33016	Mailing Address 14160 NW 77TH CT PH-32 MIAMI LAKES, FL 33016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>6843 MAIN STREET</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 302</i>
City & State	City & State <i>MIAMI LAKES, FL</i>
Zip	Country <i>B3014 MIAMI-Dade</i>



01232008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4914011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RINEHART, WAYNE 14160 NW 77TH CT MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6843 MAIN STREET, Suite 302</i> City <i>MIAMI LAKES</i> FL Zip Code <i>33014</i>
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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 \_\_\_\_\_ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINEHART, WAYNE <del>14160 NW 77TH CT PH-32</del> MIAMI LAKES, FL <del>33016</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>6843 MAIN STREET, Suite 302</i> <i>MIAMI LAKES, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFULS, RICHARD 7901 W 25TH AVE BAY #3 HIALEAH, FL 33016	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
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:  *4/3/08* 305 5584090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #