


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90135 012 \*\*\*\*61.25

|  |                                 |   |   |   |  |
|--|---------------------------------|---|---|---|--|
| <b>DOCUMENT # N08601</b><br>1. Entity Name<br>TAYLOR TERRACE CONDOMINIUM ASSOCIATION, INC.   |                                 |   |   |  |  |
| Principal Place of Business<br>1980 N ATLANTIC AVE<br>#701<br>COCOA BEACH, FL 32931 US   |                                 |   | Mailing Address<br>1980 NORTH ATLANTIC AVENUE<br>#701<br>COCOA BEACH, FL 32931  |   |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                                 | City & State  |   |   |  |
| Zip  | Country                         | Zip   | Country   | 03142006 Chg-NP CR2E037 (11/05)   |  |
| 4. FEI Number<br>59-2817881  |                                 |   |   | Applied For<br><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<br><br>DAVIS, PETEY<br>1980 NORTH ATLANTIC AVENUE<br>#701<br>COCOA BEACH, FL 32931   |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |   |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |  |
| Make check payable to<br>Florida Department of State   |                                 |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE  | PD                              | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | CHASTANG, LARRY                 |   | NAME  |   |  |
| STREET ADDRESS   | 501 TAYLOR AVENUE               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | CAPE CANAVERAL, FL 32920        |   | CITY-ST-ZIP   |   |  |
| TITLE  | STD                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | CHASTANG, HARRIET               |   | NAME  |   |  |
| STREET ADDRESS   | 509 TAYLOR AVE                  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | CAPE CANAVERAL, FL 32920        |   | CITY-ST-ZIP   |   |  |
| TITLE  | VPD                             | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   | ANDERSON, JOHANNA               |   | NAME  | VPD Short, Jim  |  |
| STREET ADDRESS   | 503 TAYLOR AVE                  |   | STREET ADDRESS  | 513 Taylor Ave  |  |
| CITY-ST-ZIP  | CAPE CANAVERAL, FL 32920        |   | CITY-ST-ZIP   | Cape Canaveral FL 32920   |  |
| TITLE  | D                               | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   | ANDERSON, JILL                  |   | NAME  | D Prince, Suzanne   |  |
| STREET ADDRESS   | 521 TAYLOR AVE                  |   | STREET ADDRESS  | 515 Taylor Ave  |  |
| CITY-ST-ZIP  | CAPE CANAVERAL, FL 32920        |   | CITY-ST-ZIP   | Cape Canaveral FL 32920   |  |
| TITLE  | D                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | BUHTZ, DENNIS                   |   | NAME  |   |  |
| STREET ADDRESS   | 535 TAYLOR AVE                  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | CAPE CANAVERAL, FL 32920        |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |   | NAME  |   |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                 |   | 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: <u>Harry D. Chastang, Secy.</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   | 4/11/06 321-784-9616<br><small>Date Daytime Phone #</small>   |   |  |