SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 28 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28436** **(6)**

1. Corporation Name
TAYLOR WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O P WICKERSHAM 1603 TAYLORWOOD DR PORT ORANGE FL 32129-1631 US	C/O P WICKERSHAM 1603 TAYLORWOOD DR PORT ORANGE FL 32129-1631 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BOYER, DAVID H.
5875 WOODPOINT TERRACE
PORT ORANGE FL 32124

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200001526402 -06/29/95--01009--017
84 City ****155.00 FL Zip Code ****155.00

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYER, DAVID H.	1.2 NAME	
STREET ADDRESS	5875 WOODPOINT TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	KIMBRO, MAGGIE	2.2 NAME	VP LAURA APPLEGATE
STREET ADDRESS	5875 WOODPOINT TERRACE	2.3 STREET ADDRESS	5880 WOOD POINT TER
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE, FL.
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	SICARD, PAUL	3.2 NAME	S. RON CAPEHART
STREET ADDRESS	1825 WOODMAR DRIVE	3.3 STREET ADDRESS	5894 WOODPOINT TER.
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL.
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WICKERSHAM, PATRICIA	4.2 NAME	
STREET ADDRESS	1603 TAYLORWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	APPLEGATE, LAURA	5.2 NAME	D. DIANE STRICKLAND
STREET ADDRESS	5880 WOODPOINT TERRACE	5.3 STREET ADDRESS	5918 WOODPOINT TER.
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	PORT ORANGE, FL.
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KIMBRO, MAGGIE	6.2 NAME	
STREET ADDRESS	1615 WOODACRES COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

904-767-1244

SIGNATURE: David H. Boyer 13 June 1995
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001447