FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 09/20/1988
3a. Date of Last Report: 06/28/1995

2. Principal Place of Business
21 DAVID H. BOYER
Suite, Apt. #, etc.
22 5875 WOOD POINT TERRACE
City & State
23 PORT ORANGE FL
Zip 24 32124-6911 Country 25 USA

2a. Mailing Address
26 P.O. Box 291631
Suite, Apt. #, etc.
27
City & State
28 PORT ORANGE FL
Zip 29 32129-1631 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYER, DAVID H.
5875 WOODPOINT TERRACE
PORT ORANGE FL 32124 - 6911

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: David H. Boyer (DAVID H. BOYER) 8 MARCH, 1996
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P "D" ☐ DELETE	1.1 TITLE	PRESIDENT "D" [redacted] ☐ Addition
NAME	BOYER, DAVID H.	1.2 NAME	BOYER, DAVID H.
STREET ADDRESS	5875 WOODPOINT TERRACE	1.3 STREET ADDRESS	5875 WOOD POINT TERRACE
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	32124-6911
TITLE	S "D" ☐ DELETE	2.1 TITLE	SECRETARY "D" [redacted] ☐ Addition
NAME	CAPEHART, RON G.	2.2 NAME	CAPEHART, RON G.
STREET ADDRESS	5894 WOODPOINT TERRACE	2.3 STREET ADDRESS	5894 WOODPOINT TERRACE
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE, FL. 32124-6879
TITLE	X "D" ☐ DELETE	3.1 TITLE	V.P. "D" ☒ Change [redacted]
NAME	STRICKLAND, DIANE	3.2 NAME	STRICKLAND, DIANE
STREET ADDRESS	5918 WOODPOINT TERRACE	3.3 STREET ADDRESS	5918 WOODPOINT TERRACE
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL 32124-6881
TITLE	T ☒ DELETE	4.1 TITLE	TREASURER "D" [redacted] ☒ Addition
NAME	WICKERSHAM, PATRICIA	4.2 NAME	SANDI LOBUE
STREET ADDRESS	1603 TAYLORWOOD DRIVE	4.3 STREET ADDRESS	1014 WOODACRES CT
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	PORT ORANGE, FL 32124-6912
TITLE	X "D" ☐ DELETE	5.1 TITLE	DIRECTOR "D" ☒ Change [redacted]
NAME	APPLEGATE, LAURA	5.2 NAME	APPLEGATE, LAURA
STREET ADDRESS	5880 WOODPOINT TERRACE	5.3 STREET ADDRESS	5880 WOODPOINT TERRACE
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	PORT ORANGE, FL 32124-6879
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KIMBRO, MAGGIE	6.2 NAME	600001774506
STREET ADDRESS	1615 WOODACRES COURT	6.3 STREET ADDRESS	-04/09/96--01123--036
CITY-ST-ZIP	PORT ORANGE FL	6.4 CITY-ST-ZIP	***61.25

CR2E037 (12/95)

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)(k), 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.

SIGNATURE: David H. Boyer 8 March 1996 904 767-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID H. BOYER, President