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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
DAVID H. BOYER 5875 WOOD POINT TERRACE PORT ORANGE FL 32124-6911 US	P.O. BOX 291631 PORT ORANGE FL 32129-1631

3. Date Incorporated or Qualified: 09/20/1988

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Bruce Strickland	26
Suite, Apt. #, etc. 22 5918 Woodpoint Terr	Suite, Apt. #, etc. 27
City & State 23 Port Orange, Fl	City & State 28
Zip / Country 24 32124-6911 / 25 U.S.A.	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOYER, DAVID H. 5875 WOODPOINT TERRACE PORT ORANGE FL 32124-6911	81 Name: Bruce Strickland 82 Street Address (P.O. Box Number is Not Acceptable): 5918 Woodpoint Terrace 83 84 City: Port Orange FL 85 Zip Code: 32124-6911

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: [signature] Bruce Strickland PD 7-7-98
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BOYER, DAVID H.		1.2 NAME	Strickland, Bruce	
STREET ADDRESS	5875 WOOD POINT TERRACE		1.3 STREET ADDRESS	5918 Woodpoint Terrace	
CITY-ST-ZIP	PORT ORANGE FL 32124-6911		1.4 CITY-ST-ZIP	Port Orange Fl 32124-6911	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CAPEHART, RON G		2.2 NAME	Pornovetz, Cristine	
STREET ADDRESS	5894 WOOD POINT TERRACE		2.3 STREET ADDRESS	5910 Woodpoint Terrace	
CITY-ST-ZIP	PORT ORANGE FL 32124-6879		2.4 CITY-ST-ZIP	Port Orange, Fl 32124-6911	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELCYZYN, TAMMY		3.2 NAME		
STREET ADDRESS	5907 WOOD POINT TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT ORANGE FL 82		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DD	☐ Change ☒ Addition
NAME			4.2 NAME	Edward Boone	
STREET ADDRESS			4.3 STREET ADDRESS	5906 Woodpoint Terrace	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Port Orange, Fl 32124-6911	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature] 7-7-98 904-760-2256