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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

147832 · 90123 · 20

DOCUMENT # **N28436**

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

Principal Place of Business	Mailing Address
STRICKLAND, BRUCE 5918 WOODPOINT TERR PORT ORANGE FL 32124-6911 US	P.O. BOX 291631 PORT ORANGE FL 32129-1631

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRICKLAND, BRUCE 5918 WOODPOINT TERR PORT ORANGE FL 32124-6911	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 _____ 1-27-99
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		☐ Change ☐ Addition
NAME	STRICKLAND, BRUCE		1.2 NAME		
STREET ADDRESS	5918 WOODPOINT TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32124-6911		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORNOVETZ, CRISTIE		2.2 NAME		
STREET ADDRESS	5910 WOODPOINT TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32124-6879		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ELCYZYN, TAMMY		3.2 NAME	BOYER, DAVID H	
STREET ADDRESS	5907 WOOD POINT TERR		3.3 STREET ADDRESS	5875 WOODPOINT TERRACE	
CITY-ST-ZIP	PT ORANGE FL 82		3.4 CITY-ST-ZIP	PORT ORANGE, FL. 32124-6911	
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOONE, EDWARD		4.2 NAME		
STREET ADDRESS	5906 WOODPOINT TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32124		4.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-27-99 904-760-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #