2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# N28436

Entity Name: TAYLOR WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

STRICKLAND, BRUCE
5918 WOODPOINT TERR
PORT ORANGE, FL 321246911 US

New Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Current Mailing Address:

1166 PELICAN BAY DR.
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-2910166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELLE
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STRICKLAND, BRUCE	
Address:	5918 WOODPOINT TERR	
City-St-Zip:	PORT ORANGE, FL 321246911	
Title:	D	( ) Delete
Name:	STOGER, JAMES	
Address:	5893 WOODPOINT TER	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	D	( ) Delete
Name:	STOGER, BARBARA H	
Address:	5893 WOODPOINT TERRACE	
City-St-Zip:	PT ORANGE, FL 321246911	
Title:	VP	( ) Delete
Name:	MARTIN, JAMES	
Address:	5882 WOODPOINT TERR	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	SD	( ) Delete
Name:	STRICKLAND, DIANE	
Address:	5918 WOODPOINT TERRACE	
City-St-Zip:	PORT ORANGE, FL 32128	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE STRICKLAND DP 02/18/2005

Electronic Signature of Signing Officer or Director — Date