

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28436

FILED  
Feb 26, 2007  
Secretary of State

**Entity Name:** TAYLOR WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US

**New Principal Place of Business:**

**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 (X) Delete  
Name: STOGER, BARBARA H  
Address: 5893 WOODPOINT TERRACE  
City-St-Zip: PT ORANGE, FL 321246911

Title: VP (X) 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: PD (X) Change ( ) Addition  
Name: ROB, MEADOWS  
Address: 5903 WOODPOINT TERR  
City-St-Zip: PORT ORANGE, FL 321246911

Title: VP (X) Change ( ) Addition  
Name: GEORGE, JONES  
Address: 1602 TAYLOR WOODS DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

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

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

Title: ST (X) Change ( ) Addition  
Name: STRICKLAND, DIANE  
Address: 5918 WOODPOINT TERRACE  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROB MEADOWS

PRES

02/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date