2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-12-2003 90204 038 ****61.25

DOCUMENT # N28436

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

44003546

[redacted]

☒ CHECK HERE IF MAKING CHANGES

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Mailing Address	
11606 PeLiCaN BaY DR	
DAYTONA Beach	
FL	
32119	VoLusiA

4. FEI Number 59-2910166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, BRUCE
5918 WOODPOINT TERR
PORT ORANGE FL 32124-6911

7. Name and Address of New Registered Agent

Name: MiCHeLLE BARKIN
Street Address (P.O. Box Number is Not Acceptable): 11606 PeLiCaN BaY DRiVE
City: DAYTONA Beh
FL Zip Code: 32117

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michelle Barkin 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRICKLAND, BRUCE 5918 WOODPOINT TERR PORT ORANGE FL 32124-6911	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOONE, GIENDA 5906 WOODPOINT TER PORT ORANGE FL 32128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOYER, DAVID H 5875 WOODPOINT TERRACE PT ORANGE FL 32124-6911	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTIN, JAMES 5882 WOODPOINT TERR PORT ORANGE FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIANE STRICKLAND 5918 Wood Point Terr PORT ORANGE FL 32128 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #