

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90067 020 ****61.25

DOCUMENT # N47957

1. Entity Name
**TAYLOR CREEK LODGE MOBILE HOME PARK
HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business
**2730 HWY 441 SE
M.H. #25
OKEECHOBEE, FL 34974**

Mailing Address
**3955 S.E. 29TH WAY
MH #25
OKEECHOBEE, FL 34974**

20017231



02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, JOHN R.
202 NW 5TH AVE
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CUNNINGHAM, PHILIP V**
STREET ADDRESS **3955 S.E. 29TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **V**
NAME **HOFBAUER, GENE L**
STREET ADDRESS **3901 SE 29TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D**
NAME **KEETON, CHARLES E**
STREET ADDRESS **3801 SE 27TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D**
NAME **EDMONDS, JAMES**
STREET ADDRESS **3950 SE 29TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D**
NAME **BIEKER, LEONARD**
STREET ADDRESS **3875 SE 29TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D**
NAME **PETERS, JOHN**
STREET ADDRESS **3851 SE 29TH WAY**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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IN THIS SPACE**

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: *Phillip V. Cunningham* **PHILLIP V. CUNNINGHAM** **02-25-05** **863-763-1451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #