

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

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000891

1. Entity Name
TAYLOR ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1750 J & C BLVD.
#6**

NAPLES, FL 34109 US

Mailing Address

**1750 J & C BLVD.
#6**

NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0842922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, TERRI S
1750 J & C BLVD.
UNIT 6
NAPLES, FL 34109**

**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

U00000182026

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, TERRI S
STREET ADDRESS 4830 CORAL WOOD DR.
CITY-ST-ZIP NAPLES, FL 34109

TITLE VD
NAME OLSON, DWIGHT
STREET ADDRESS 4753 SHEARWATER LN.
CITY-ST-ZIP NAPLES, FL 34119

TITLE SD
NAME PAPPALARDO, KIM
STREET ADDRESS 9950 WINCHESTER WOOD
CITY-ST-ZIP NAPLES, FL 34109

TITLE TD
NAME YOKE, KENA
STREET ADDRESS 6921 SANDALWOOD LN.
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kena Yoke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENA YOKE

Date

Daytime Phone #

11/3/05 **239**
592-7211