

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 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



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

1100000383410  
01/12/06-80052-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/05 239 592-7211