## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005580

Entity Name: TAYLOR VILLAGE OWNER'S ASSOCIATION, INC.

FILED Apr 20, 2021 Secretary of State 6096475284CC

## **Current Principal Place of Business:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215 NAPLES, FL 34104

## **Current Mailing Address:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215 NAPLES, FL 34104 US

FEI Number: 65-1035428 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215 NAPLES, FL 34104 US

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: ROBERT ROSENOW 04/20/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name KOEHLER, ROBERT Name GUITARD, JOHN

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S. #215 2685 HORSESHOE DR S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title VP

Name BOZZO, MICHAEL Name TRACY, WILLIAM B

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S. #215 2685 HORSESHOE DR S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title TREASURER

Name SCHARRING-HAUSEN, GEORGE
Address C/O RESORT MANAGEMENT

ress C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215

City-State-Zip: NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: ROBERT KOEHLER PRESIDENT 04/20/2021