2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N05000000926

Entity Name: TEAKWOOD VILLAGE EAST SOCIAL CLUB, INC.

Current Principal Place of Business:

254 HALF MOON HC
C/O TOFCZIJ
LARGO, FL 33770

New Principal Place of Business:

254 HALF MOON HC
C/O TOPCZIJ
LARGO, FL 33770

Current Mailing Address:

254 HALF MOON HC
C/O TOFCZIJ
LARGO, FL 33770

New Mailing Address:

254 HALF MOON HC
C/O TOPCZIJ
LARGO, FL 33770

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLMAN, TERRY
167 SUNNYSIDE HC
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TILLMAN, TERRY
Address: 267 SUNNYSIDE HA
City-St-Zip: LARGO, FL 33770

Title: VP ( ) Delete
Name: WILBURN, AL
Address: 362 SIESTA HA
City-St-Zip: LARGO, FL 33770

Title: S ( ) Delete
Name: TOPCZIJ, TONI
Address: 254 HALFMOON HA
City-St-Zip: LARGO, FL 33770

Title: T ( ) Delete
Name: HOJOIE, CLAUD
Address: 440 TRINIDAD HA
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LAJOIE, CLAUDE
Address: 440 TRINIDAD HA
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TONI TOPCZIJ S 02/17/2009
Electronic Signature of Signing Officer or Director — Date