

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000926

Entity Name: TEAKWOOD VILLAGE EAST SOCIAL CLUB, INC.**Current Principal Place of Business:**260 HALFMOON LANE
C/O CHERYL TRACY
LARGO, FL 33770**Current Mailing Address:**260 HALFMOON LANE
C/O CHERYL TRACY
LARGO, FL 33770 US**FEI Number:** 41-2164107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRACY, CHERYL A
260 HALFMOON LANE
LARGO, FL 33770 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:** CHERYL A TRACY

02/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OWEN, JUDY
Address 362 SIESTA LANE
City-State-Zip: LARGO FL 33770

Title VP
Name ADAMS, LINDA
Address 553 PARAKEET LANE
City-State-Zip: LARGO FL 33770

Title SECRETARY
Name MARTIN, DIANNA
Address 380 MANDALAY DRIVE
City-State-Zip: LARGO FL 33770

Title TREASURER
Name TRACY, CHERYL A
Address 260 HALFMOON LANE
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name FADDEN, PAUL
Address 443 TRINIDAD LANE
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name CORTEZ, ANN
Address 543 PARAKEET LANE
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name FLANARY, BETTY
Address 538 PARAKEET LANE
City-State-Zip: LARGO FL 33770

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: CHERYL A TRACY**TREASURER**

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date