

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 743998

1. Entity Name
TEAKWOOD VILLAS ASSOCIATION, INC.



Principal Place of Business
**1220 BRETTE STREET
JACKSONVILLE, FL 32211**

Mailing Address
**6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217**



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1982356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BANNING MANAGEMENT INC
6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217**

**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)

4/30/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000949542
06/03/08-80032-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SLABA, PAUL 1220 BRETTE ST , 15 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T ALLEYNE, JOHN 1200 BRETTE STREET #13 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NELSON, JUDI 1200 BRETTE ST 33 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAMBEZ, LEAH 134 5TH STREET S JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

Judi Nelson PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

904.730.7071
Daytime Phone #