2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 743998

Entity Name: TEAKWOOD VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1220 BRETTA STREET
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-1982356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC
6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217 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: VP ( ) Delete
Name: SLABA, PAUL
Address: 1220 BRETTA ST , 15
City-St-Zip: JACKSONVILLE, FL 32211

Title: S/T ( ) Delete
Name: ALLEYNE, JOHN
Address: 1200 BRETTA STREET #13
City-St-Zip: JACKSON VILLE, FL 32211

Title: PD ( ) Delete
Name: NELSON, JUDI
Address: 1200 BRETTA ST 33
City-St-Zip: JACKSONVILLE, FL 32211

Title: S (X) Delete
Name: LAMBEZ, LEAH
Address: 134 5TH STREET S
City-St-Zip: JACKSONVILLE BCH, FL 32250

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

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: JUDI NELSON PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date