

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H42972 \***

1. Entity Name

TEAKWOOD MOBILE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

67 REDWOOD LN  
LARGO FL 33770  
US

Mailing Address

HERBERT TURKINGTON  
415 PAPAYA LN  
LARGO FL 33770  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2489901

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURKINGTON, HERBERT  
415 PAPAYA LN  
LARGO FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME FRANCIS, JANICE ☐ Delete  
STREET ADDRESS 67 REDWOOD LN  
CITY - ST - ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U00000628614  
02/16/07-B0024-008 150.00

TITLE VP  
NAME HARTEL, SHERRY ☐ Delete  
STREET ADDRESS 195 BEECHWOOD LN  
CITY - ST - ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE P  
NAME NEIL, DAMON ☐ Delete  
STREET ADDRESS 600 WHIPPOORWILL LN  
CITY - ST - ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D  
NAME WAUTLET, KEITH ☐ Delete  
STREET ADDRESS 541 PARAKEET  
CITY - ST - ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE T  
NAME TURKINGTON, CEIL ☐ Delete  
STREET ADDRESS 415 PAPAYA LN  
CITY - ST - ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D  
NAME DESROCHES, BEVERLY ☐ Delete  
STREET ADDRESS 72 REDWOOD LN  
CITY - ST - ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Daytime Phone #