
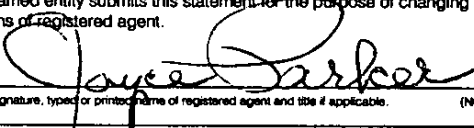
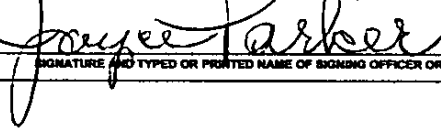


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90301 008 \*\*\*\*61.25

<b>DOCUMENT # N05000000926</b> 1. Entity Name <b>TEAKWOOD VILLAGE EAST SOCIAL CLUB, INC.</b>					
Principal Place of Business <b>481 ROBIN LN LARGO, FL 33770</b>			Mailing Address <b>481 ROBIN LN LARGO, FL 33770</b>		
2. Principal Place of Business <b>488 CANARY LN.</b>		3. Mailing Address <b>488 CANARY LN.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LARGO FL.</b>		City & State <b>LARGO FL.</b>		4. FEI Number 	
Zip <b>33770</b>		Country <b>USA</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ALPAUGH, GERALD L 481 ROBIN LN LARGO, FL 33770</b>			7. Name and Address of New Registered Agent Name <b>JOYCE PARKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>488 CANARY LN.</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33770</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/4/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			<b>P. JOYCE PARKER 488 CANARY LN. LARGO, FL. 33770</b>		
			<b>VP DAVID WATSON 455 TRINIDAD LN. LARGO, FL. 33770</b>		
			<b>S NANCY GRAY 257 HALFMOON LN. LARGO, FL. 33770</b>		
			<b>T. BARBARA GONZALEZ 582 BLUE BIRD LN. LARGO, FL. 33770</b>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/4/06</b> <b>727-584-8848</b> <small>Date Daytime Phone #</small>	