

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90024 010 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N05000000926</b>  |  |  |   |  |  |
| <b>1. Entity Name</b><br>TEAKWOOD VILLAGE EAST SOCIAL CLUB, INC.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>488 CANARY LANE<br>LARGO, FL 33770  |  |  | <b>Mailing Address</b><br>488 CANARY LANE<br>LARGO, FL 33770  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>254 Half Moon Rd<br>Suite, Apt. #, etc. 90 Topczij   |  | <b>3. Mailing Address</b><br>254 Half Moon Rd<br>Suite, Apt. #, etc. 90 Topczij                  |   |  |  |
| <b>City &amp; State</b><br>Largo FL 33770<br><b>Zip</b><br>33770  |  | <b>City &amp; State</b><br>Largo FL<br><b>Zip</b><br>33770                                       |   | <b>Country</b><br>USA  |  |
| <b>4. FEI Number</b><br>NOT APPLICABLE  |  |  |   | <b>Applied For</b><br>Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>PARKER, JOYCE<br>488 CANARY LANE<br>LARGO, FL 33770   |  |  | <b>7. Name and Address of New Registered Agent</b><br><b>Name</b> Terry Tillman<br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br>267 Sunnyside Rd<br><b>City</b> Largo <b>FL</b> <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.</b>  |  |  |   |  |  |
| <b>SIGNATURE</b> <i>Terry Tillman</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | <i>President</i><br><small>(NOTE: Registered Agent signature required when reappointing)</small> |   | <b>DATE</b> 3/21/08  |  |
| <b>Filing Fee is \$81.25 Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>       |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <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>  |  |  |
| <b>TITLE</b> P<br><b>NAME</b> PARKER, JOYCE<br><b>STREET ADDRESS</b> 488 CANARY LANE<br><b>CITY-ST-ZIP</b> LARGO, FL 33770  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b> P<br><b>NAME</b> Terry Tillman<br><b>STREET ADDRESS</b> 267 Sunnyside Rd<br><b>CITY-ST-ZIP</b> Largo FL 33770  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b> VP<br><b>NAME</b> WATSON, DAVID<br><b>STREET ADDRESS</b> 455 TRINIDAD LANE<br><b>CITY-ST-ZIP</b> LARGO, FL 33770   | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b> VP<br><b>NAME</b> Al Wilburn<br><b>STREET ADDRESS</b> 362 Liesta Rd.<br><b>CITY-ST-ZIP</b> Largo FL 33770  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b> S<br><b>NAME</b> FADDEN, JANET<br><b>STREET ADDRESS</b> 448 TRINIDAD LN<br><b>CITY-ST-ZIP</b> LARGO, FL 33770  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b> S<br><b>NAME</b> Toni Topczij<br><b>STREET ADDRESS</b> 254 HALFMOON Rd<br><b>CITY-ST-ZIP</b> Largo FL 33770  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b> T<br><b>NAME</b> GONZALEZ, BARBARA<br><b>STREET ADDRESS</b> 582 BLUE BIRD LANE<br><b>CITY-ST-ZIP</b> LARGO, FL 33770   | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b> T<br><b>NAME</b> Claude Rejoie<br><b>STREET ADDRESS</b> 441 TRINIDAD Rd<br><b>CITY-ST-ZIP</b> Largo FL 33770   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <i>Terry Tillman</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <i>President</i><br><small>Date</small>  |   | <b>DATE</b> 3/21/08<br><small>Daytime Phone #</small>                        |  |