FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:31

DOCUMENT # N31869 (3)

1. Corporation Name
TEKA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2536 STAR LANE ST. CLOUD FL 34772	2536 STAR LANE ST. CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2955526 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (25)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCNAMARA, NATALIE M.
2519 INDEPENDENCE LANE
ST. CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name: CANTERBURY, BARBARA A.
82 Street Address (P.O. Box Number is Not Acceptable): 2550 LONGPINE LANE
83
84 City: ST. CLOUD FL 85 Zip Code: 34772

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: BARBARA CANTERBURY, SECRETARY — Barbara Canterbury — 1-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~STURZENEGGER, ALBERT~~	1.2 NAME	MINGOIA, NORMA	
STREET ADDRESS	~~4400 TEKA LANE~~	1.3 STREET ADDRESS	2546 STAR LANE	
CITY-ST-ZIP	~~ST. CLOUD FL~~	1.4 CITY-ST-ZIP	ST. CLOUD FL	
TITLE	~~VP~~	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~WOERNLE, ROBERT~~	2.2 NAME	CANTERBURY, ALICE	
STREET ADDRESS	~~2535 LONGPINE LANE~~	2.3 STREET ADDRESS	2557 LONGPINE LANE	
CITY-ST-ZIP	~~ST. CLOUD FL~~	2.4 CITY-ST-ZIP	~~ST. CLOUD, FL~~	
TITLE	~~S~~	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~MCNAMARA, NATALIE M.~~	3.2 NAME	CANTERBURY, BARBARA	
STREET ADDRESS	~~2519 INDEPENDENCE LANE~~	3.3 STREET ADDRESS	2550 LONGPINE LANE	
CITY-ST-ZIP	~~ST. CLOUD FL~~	3.4 CITY-ST-ZIP	ST. CLOUD, FL	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ANNA MARIE	4.2 NAME		
STREET ADDRESS	4407 BRAVE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCUTOSKI, DAVID	5.2 NAME		
STREET ADDRESS	2543 STAR LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	P	☒ Change ☐ Addition
NAME	QUICKENTON, ARTHUR	6.2 NAME	QUICKENTON, ARTHUR	
STREET ADDRESS	4422 BRAVE LANE	6.3 STREET ADDRESS	4422 BRAVE LANE	
CITY-ST-ZIP	ST. CLOUD FL	6.4 CITY-ST-ZIP	ST. CLOUD FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ART QUICKENTON, PRESIDENT 957-5391 — 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060427