## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N31869

(3)

TEKA VILLAGE HOMEOWNERS ASSOCIATION, INC.

TERA VILLAGE HOMEOWNERS ASSOCIATION, INC.													
Principal Place of Business			Mailing Address					I ENFINANT AND CALANT SINJ	I IBUD BUDU	IBII WANA DA	DII DIDII <del>G</del> IEII O	1811 <u>81811 1881</u>	
2536 STAR LANE 2536 STAR LANE ST. CLOUD FL 34772 ST. CLOUD FL 34772-8806				6									
								<ol> <li>Date Incorporated or 0 04/21/1989</li> </ol>	Deifilau	3a. Da	of Last R 02/26/19		
Principal Place of Business     1			2a. Mailing Address 26					4. FÉI Number 59-2955526				plied For t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status D	berise		\$8.75 / Fee Re		
City & State			City & State					6. Election Campaign Fir	-		\$5.00		
Zip	Country	28	Zip	Cou	ntrv			Trust Fund Contribution			Added 1		
24	25 29			30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
9. Name and Address of Currer						10. Name and Address o							
		<del></del>			81	Name							
CANTERBURY, BARBARA A.					82	Street	Address (P.O. Box Number is Not Acceptable)						
2550 LONGPINE LANE ST. CLOUD FL 34772					83			*****					
01. 020	05 12 04772				84	City				<del></del>	<b>85</b> Zip	Code	
										FL			
11. Pursuant 1 office or re	o the provisions of Sections 617.050 agistered agent, or both, in the State m familiar with, and accept in oblig	2 and 6 of Flori	17.1508, Florida Statu da. Such change was	tes, the ai authorize	d by	e-named the cor	corporation	ation submits this statemer n's board of directors. I her	nt for the p eby accep	urpose o	f changing It cointment as	s registered registered	
agent. I ar				orida Stat	utei 10	S. ADDA	DA	A CANTEDDIII	v c	renr	TADW Z	45-91	
SIGNATURE _	Signature, typed or printed name of registered age		tervery NO	TF Registere				A. CANTERBUE when reinstating)	(1, 5	DATE	IAKI -	173-7/	
12.	OFFICERS AN			13.				ADDITIONS/CHANGES	TO OFFIC		DIRECTOR	RS IN 12	
TITLE	D		<b>⋈</b> DELETE	1.1 Ti	TLE		TD	**************************************	<del></del>	.,	Change	Addition	
NAME	MINGOIA, NORMA			1.2 N	AME			alniak, Patt	- <b>4</b> -				
STREET ADDRESS	2546 STAR LANE			1.3 \$	TREET	ADDRESS	24	96 Independe	nce	Lane			
CITY-ST-ZIP	ST. CLOUD FL			1.4 C	TY-S	ST-ZIP	St	. Cloud. FL	347				
TITLE	VP	<b>⊠</b> DELETE		2.1 38	2.1 TITLE		VP.	······································			Change	Addition	
NAME	CANTERBURY, ALICE	Œ		2.2 N	2.2 NAME			rtfai, BObbi	6				
STREET ADDRESS	2557 LONGPINE LANE				2.3 STREET ADDRESS		44	4415 Brave Lane					
CITY-ST-ZIP	ST. CLOUD FL			2.40	aty-:	ST-ZIP		. Cloud, FL	347	72			
TITLE	S	☐ DELETE		3.1 1	3.1 TITLE						Change	Addition	
NAME	CANTERBURY, BARBARA	IRBARA		3.2 N	3.2 NAME								
STREET ADDRESS	2550 LONGPINE LANE			3.3 \$	TREET	ADDRESS							
CITY-ST-ZIP	ST. CLOUD FL			3.4.0	- <u>YT</u> K	ST-ZIP							
TITLE	T		DELETE	4.1 TG	TLE		$_{\mathrm{T}}$				Change	☐ Addition	
NAME	SCUTOSKI, CAROL			4.21	IAME		Йаа	s, Rosemary					
STREET ADDRESS	2543 STAR LANE			4.3 \$	TREET	ADDRESS	251	3 Longpine 1	Lane				
CITY-ST-ZIP	ST CLOUD FL			4.40	ΠY- 8	ST-ZIP	St.	Cloud, FL	3477	2			
TITLE	D		<b>⊠</b> DELETE	5.1 7	TLE		$ \mathfrak{p} $				Change	Addition	
NAME	SCUTOSKI, DAVID			5.2 N			Ste	in, Adrian					
STREET ADDRESS	2543 STAR LANE					ADDRESS		2 Teka Lane	<b>~ 4 -</b> -	_			
CITY - ST - ZIP	ST. CLOUD FL				~~~	ST-ZIP	St.	Cloud, FL	3477	2			
TITLE	P		☐ DELETÉ	6.1 Ti	TLE			· ·			Change	Addition	
NAME	QUICKENTON, ARTHUR			6.2 N	AME	•							
STREET ADDRESS	4422 Brave Lane			6.3 \$	TREET	T ADDRESS							

14. I do hereby certify that the information supplied with this filing 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.

LILLY STATE OF THE ROSCHARD HAAS, TREASURER 4/2//97 85-6910 15

CR2E037 (9/96)

**FILED** 

May 15 1997 8:00am

Secretary of State