


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N31869 (3)
 1. Corporation Name
 TEKA VILLAGE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified
 04/21/1989

4. FEI Number 59-2955526
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
 CANTERBURY, BARBARA A.
 2550 LONGPINE LANE
 ST. CLOUD FL 34772

10. Name and Address of New Registered Agent
 81 Name SCUTOSKI CAROL
 82 Street Address (P.O. Box Number is Not Acceptable) 2483 INDEPENDENCE LN
 83
 84 City ST CLOUD FL 85 Zip Code 34772

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE CAROL SCUTOSKI SECRETARY (Carol Scutoski) 7-14-98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKALNIAK, PATTI	
STREET ADDRESS	2498 INDEPENDENCE LANE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARTFAI, BOBBIE	
STREET ADDRESS	4415 BRAVE LANE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CANTERBURY, BARBARA	
STREET ADDRESS	2550 LONGPINE LANE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, ROSEMARY	
STREET ADDRESS	2518 LONGPINE LANE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, ADRIAN	
STREET ADDRESS	4412 TEKA LANE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	QUICKENTON, ARTHUR	
STREET ADDRESS	4422 BRAVE LANE	
CITY-ST-ZIP	ST. CLOUD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MINGOIA, NORMA	
1.3 STREET ADDRESS	2546 STAR LN	
1.4 CITY-ST-ZIP	ST. CLOUD, FL 34772	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCUTOSKI, CAROL	
3.3 STREET ADDRESS	2483 INDEPENDENCE LN	
3.4 CITY-ST-ZIP	ST CLOUD, FL 34772	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LITTS	
4.3 STREET ADDRESS	2507 INDEPENDENCE LN	
4.4 CITY-ST-ZIP	ST CLOUD, FL 34772	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CANTERBURY, ROY	
6.3 STREET ADDRESS	2550 LONGPINE LN	
6.4 CITY-ST-ZIP	ST. CLOUD FL. 34772	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(l), 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: Carol Scutoski CAROL SCUTOSKI SEC. 7-14-98 892-6349
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)