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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31869

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/21/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2955526	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCUTOSKI, CAROL
2483 INDEPENDENCE LANE
ST. CLOUD FL 34772

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINGOIA, NORMA	1.2 NAME	
STREET ADDRESS	2546 STAR LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34772	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTFAI, BOBBIE	2.2 NAME	ANTOINETTE FERRI
STREET ADDRESS	4415 BRAVE LANE	2.3 STREET ADDRESS	2507 LONGPINE LANE
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUTOSKI, CAROL	3.2 NAME	
STREET ADDRESS	2483 INDEPENDENCE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34772	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTS	4.2 NAME	LITTS, RITA C
STREET ADDRESS	2507 INDEPENDENCE LANE	4.3 STREET ADDRESS	2507 INDEPENDENCE LANE
CITY-ST-ZIP	ST CLOUD FL 34772	4.4 CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ADRIAN	5.2 NAME	
STREET ADDRESS	4412 TEKA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTERBURY, ROY	6.2 NAME	
STREET ADDRESS	2550 LONGPINE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34472	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

232951-90074-35
N 31869

addition:

Communications Officer

Ron Parker

2502 Longpine Lane

St Cloud, FL 34772