

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90033 020 ****61.25

DOCUMENT # N31869 1. Entity Name TEKA VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2536 STAR LANE ST. CLOUD, FL 34772			Mailing Address 2536 STAR LANE ST. CLOUD, FL 34772		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2955526	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCUTOSKI, CAROL 2483 INDEPENDENCE LANE ST. CLOUD, FL 34772			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRATH, NORMA		NAME		
STREET ADDRESS	2534 LONG PINE AVE		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OBERG, JOHN		NAME	VP PAUL LEVESQUE	
STREET ADDRESS	4404 TEKA		STREET ADDRESS	2484 Long pine Lane	
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINGOIA, NORMA		NAME		
STREET ADDRESS	2546 STAR LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTERBURY, ALICE M		NAME		
STREET ADDRESS	2557 LONG PINE LN		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, PETER		NAME		
STREET ADDRESS	2495 LONG PINE LN		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOUTOSKI, CAROL		NAME	D LES BAKER	
STREET ADDRESS	2483 INDEPENDENCE LN		STREET ADDRESS	2516 LONGPINE LANE	
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP	SAINT CLOUD, FL 34772	
12. 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 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.					
SIGNATURE: X <i>Carol Scutoski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/15/05 479-892 6349 Date Daytime Phone #		