

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 048 \*\*\*\*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

20006927



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2955526

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME MCGRATH, NORMA  
STREET ADDRESS 2534 LONG PINE AVE  
CITY-ST-ZIP ST CLOUD, FL

TITLE D. ☐ Change ☒ Addition  
NAME Ed Large  
STREET ADDRESS 4417 Brave Lane  
CITY-ST-ZIP Saint Cloud, FL 34772

TITLE VP ☒ Delete  
NAME LEVESQUE, PAUL  
STREET ADDRESS 2484 LONGPINE LANE  
CITY-ST-ZIP SAINT CLOUD, FL 34772

TITLE VP ☒ Change ☐ Addition  
NAME Bobbie Bartfai  
STREET ADDRESS 4415 Brave Lane  
CITY-ST-ZIP Saint Cloud, FL 34772

TITLE S ☐ Delete  
NAME MINGOIA, NORMA  
STREET ADDRESS 2546 STAR LANE  
CITY-ST-ZIP SAINT CLOUD, FL 34772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CANTERBURY, ALICE M  
STREET ADDRESS 2557 LONG PINE LN  
CITY-ST-ZIP ST CLOUD, FL 34772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CRAIG, PETER  
STREET ADDRESS 2495 LONG PINE LN  
CITY-ST-ZIP SAINT CLOUD, FL 34772

TITLE D. ☒ Change ☐ Addition  
NAME Leslie Baker  
STREET ADDRESS 2516 Longpine Ln.  
CITY-ST-ZIP Saint Cloud, FL 34772

TITLE P ☐ Delete  
NAME SOUTOSKI, CAROL  
STREET ADDRESS 2483 INDEPENDENCE LN  
CITY-ST-ZIP SAINT CLOUD, FL 34772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Carol M Scutoski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06  
Date

Daytime Phone #