


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90068 040 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2955526 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTERBURY, RAY ROY 2550 LONG PINE LANE ST. CLOUD, FL 34772				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Ray A. Canterbury</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> RAY A. CANTERBURY PRESIDENT </div> <div style="width: 20%; text-align: right;"> 2/19/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, NORMA 2534 LONG PINE LANE ST CLOUD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2534 LONGPINE LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTFAI, BOBBIE 4405 BRAVE LANE SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNA ROBERTSON 2486 LONGPINE LANE ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTERBURY, BARBARA 2550 LONG PINE LANE SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2550 LONGPINE LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTERBURY, ALICE M 2557 LONG PINE LN ST CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, LESLIE 2516 LONGPINE LN SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY CHRISTENSEN 4412 TEKA LANE ST CLOUD FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTERBURY, ROY 2550 LONGPINE LANE SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2550 LONGPINE LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Alice M Canterbury</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Alice M Canterbury			<div style="display: flex; justify-content: space-between;"> <div> 2/20/08 <small>Date</small> </div> <div> 407-957-9468 <small>Daytime Phone #</small> </div> </div>		

ATTACHMENT 40032235
#N31869

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TEKA VILLAGE HOMEOWNERS ASSOCIATION, INC.

10/11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME	D	ADDITION
STREET ADDRESS	DAVID SCUTOSKI	
CITY-ST-ZIP	2483 INDEPENDENCE LANE	
	ST. CLOUD, FL 34772	

ATTACHMENT 1