

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90523 049 \*\*\*\*61.25

**90011701**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # N31869</b> 1. Entity Name <b>TEKA VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2536 STAR LANE</b> <b>ST. CLOUD FL 34772</b>			Mailing Address <b>2536 STAR LANE</b> <b>ST. CLOUD FL 34772</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2955526</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCUTOSKI, CAROL</b> <b>2483 INDEPENDENCE LANE</b> <b>ST. CLOUD FL 34772</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>Carol Scutowski</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW: FEE IS \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNN, JANET</b> <b>2498 LONG PINE LN</b> <b>ST CLOUD FL 34772</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MINGOIA, NORMA</b> <b>2546 STAR LANE</b> <b>ST CLOUD, FL. 34772</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>OBERG, JOHN</b> <b>4404 TEKA</b> <b>SAINT CLOUD FL 34772</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, LESLIE</b> <b>2516 LONGPINE LANE</b> <b>ST CLOUD, FL. 34772</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STRONG, BONNIE</b> <b>2510 INDEPENDENCE LN</b> <b>ST CLOUD FL 34772</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIGGINS, THOMAS</b> <b>2533 STAR LANE</b> <b>ST CLOUD, FL. 34772</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CANTERBURY, ALICE M</b> <b>2557 LONG PINE LN</b> <b>ST CLOUD FL 34772</b> <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	<b>D</b> <b>STEIN, ADRIAN</b> <b>4412 TEKA LANE</b> <b>ST. CLOUD FL</b> <input checked="" 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	<b>P</b> <b>SOUTOSKI, CAROL</b> <b>2483 INDEPENDENCE LN</b> <b>SAINT CLOUD FL 34772</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E037 (10/02)

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: *Norma Mingoia* 1/30/03 407-892-1564