

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N38289	
1. Entity Name TEALBROOKE PROFESSIONAL PARK PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 825 SE 3RD AVE OCALA, FL 34471 US	Mailing Address 825 SE 3RD AVE OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2880941	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEMP, WINDY A 825 SE 3RD AVENUE OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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 _____
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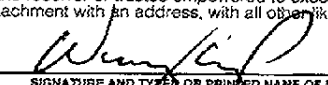
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THURSTON, GARY 825 SE 3RD AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VERO, FRANK 2300 SE 17TH STREET BLVD 402 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMP, WINDY A 825 SE 3RD AVENUE OCALA, FL 34471
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02/03/04-80061-021 70.00

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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 the 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: 	Windy A. Kemp CFO/Treasurer (352) 629-7979	1/27/2004 (352) 629-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #