

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 26, 2005 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

KEMP, WINDY A
825 SE 3RD AVENUE
OCALA FL 34471

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THURSTON, GARY
825 SE 3RD AVENUE
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000000244513
02/26/05-80024-008 61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
VERO, FRANK
2300 SE 17TH STREET BLVD 402
OCALA FL 34471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KEMP, WINDY A
825 SE 3RD AVENUE
OCALA FL 34471 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2005

**Windy A. Kemp
CFO/Treasurer
(352) 629-7079**

Date