

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 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**



01172006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000393130
01/25/06-80009-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Windy A. Kemp
CFO/Treasurer
(352) 629-7979**

1/17/2006 (352) 629-7979

Date

Daytime Phone #