


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2880941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KEMP, WINDY A 825 SE 3RD AVENUE OCALA, FL 34471
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**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.

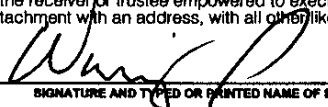
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000583145 01/11/07-80059-012 61.25
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Date: 1/5/2007 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR