

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90106 010 ****61.25

DOCUMENT # N94000005505 1. Entity Name TEALWOOD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US		Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US	
2. Principal Place of Business 2435 US 19 Suite, Apt. #, etc. # 270 City & State Holiday FL Zip 34691 Country USA		3. Mailing Address 2435 US 19 Suite, Apt. #, etc. # 270 City & State Holiday FL Zip 34691 Country USA	
4. FEI Number 59-3285821		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLAN, JAMES M FIRST CHOICE ASSOCIATION MGMT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable) 40 Goldstar Management Co. 2435 US 19 # 270 City Holiday FL Zip Code 34691	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jeffrey Ulm, LCM <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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	PD KEVLIN, PAULETTE 3512 TEALWOOD CIRCLE PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWSON, CARNEY 3510 TEALWOOD CIR PALM HARBOR FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNICHOL, DEBBIE 3453 TEALWOOD CIRCLE PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROTTY, BARBARA 3454 TEALWOOD CIR PALM HARBOR FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIDCOCK, CORA 3455 MERMUER DR PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRICH, STEPHEN 3474 TEALWOOD CIR PALM HARBOR FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROZYV, IRYMA 3450 TEALWOOD CIRCLE PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANHEISER, SUSAN 3522 TEALWOOD CIR PALM HARBOR FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLER, ERIKA 3541 TEALWOOD CIR PALM HARBOR FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		3/31/05 (727) 784-6040 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	