


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
VOID
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 017 ****61.25

Filed in error to wrong Corp. w/ similar #.
See #N00000005580

DOCUMENT # N0000000558		
1. Entity Name VILLAS TORINO CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 359 9 AVE S NAPLES, FL 34102	Mailing Address C/O PUTNAM MGMT 792 94 AVE N NAPLES, FL 34108
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2. Principal Place of Business - No P.O. Box # 792 TV 90 Gulfshore Mgmt.	3. Mailing Address 5401 Taylor Rd. #6
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State FL
Zip 34109-1854	Country U.S.

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number 14-1846009	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PUTNAM, DAVID 792 94 AVE N NAPLES, FL 34108	
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7. Name and Address of New Registered Agent Name Gulfshore Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) 5401 Taylor Rd. #6 City Naples FL Zip Code 34109-1854	
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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]* DATE 1/31/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, MARIA 11140 SNAPPER CREEK RD. CORAL GABLES, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Kochler 550 100th Ave. N Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMALLWOOD, JOHN 363 9TH AVE S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mike Bozzo 317 Morning Line Dr. Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORSFIELD, SYDNEY 355 9TH AVE. S. NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Bill Tracey 5405 Taylor Rd. #15 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input 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
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
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 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]* DATE 1/31/08 (239) 440-3260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR