


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000001977</b>					
<b>1. Entity Name</b> TORREY PINES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE, FL 34986			<b>Mailing Address</b> 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1040061	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ISAACSON, WILLIAM K C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MALOR, VALENTINO 7011 TORREY PINES CIRCLE PORT SAINT LUCIE, FL 34986		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> U000000628363 02/16/07-80012-017 70.00	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> HARNISH, MEL 7070 TORREY PINES CIR PORT ST. LUCIE, FL 34986		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> ROSE, MARILYN 7020 TORREY PINES CIR PORT ST. LUCIE, FL 34986		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					