

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001977

FILED
Apr 23, 2009
Secretary of State

Entity Name: TORREY PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2160 N.W. RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

2140 N.W. RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1040061 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALOR, VALENTINO
Address: 7011 TORREY PINES CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: HARNISH, MEL
Address: 7070 TORREY PINES CIR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VPS () Delete
Name: ROSE, MARILYN
Address: 7020 TORREY PINES CIR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P (X) Delete
Name: COLLER, BOB
Address: 7002 TORREY PINES
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARNISH, MEL
Address: 7070TORREY PINES CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: CASEY, DIANE
Address: 7074 TORREY PINES CIR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T (X) Change () Addition
Name: ROSE, MARILYN
Address: 7020 TORREY PINES CIR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN ROSE

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date