

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008010

FILED
Apr 21, 2009
Secretary of State

Entity Name: TORINO AT GREY OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULF BREEZE MANAGEMENT SVCS. OF SW FL
8910 TERRENCE COURT, SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MANAGEMENT SVCS. OF SW FL
8910 TERRENCE COURT, SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

FEI Number: 20-3073649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD., STE. 309
BONITA SPRINGS, FL 34134 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: PD () Delete
Name: LANDRY, KEN
Address: 5692 STRAND CT.
City-St-Zip: NAPLES, FL 34110

Title: VSD () Delete
Name: PIERCE, CHRISTOPHER J
Address: 5692 STRAND CT.
City-St-Zip: NAPLES, FL 34110

Title: VSTD () Delete
Name: DIAMOND, MICHAEL
Address: 5692 STRAND CT.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: BENHAM, JEFF
Address: 5692 STRAND CT.
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Change () Addition
Name: PENN, KATIE
Address: 5692 STRAND CT.
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Change () Addition
Name: DIAMOND, MICHAEL
Address: 5692 STRAND CT.
City-St-Zip: NAPLES, FL 34110

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: MICHAEL DIAMOND

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date