## 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000008010

The second security of State Secretary of State

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

Current Principal Place of Business: 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: 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: Name and Address of New Registered Agent:

COHEN & GRIGSBY, P.C.

27200 RIVERVIEW CENTER BLVD., STE. 309
BONITA SPRINGS, FL 34134 US

SOLOMON, ANTHONY P
3185 HORSESHOE DRIVE SOUTH
NAPLES, FL 34104 US

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: ANTHONY P. SOLOMON 08/23/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

Name: SOLOMON, ANTHONY P

Address: 3185 HORSESHOE DRIVE SOUTH

City-St-Zip: NAPLES, FL 34104

Title: VPD

Name: TAYLOR, MARK S

Address: 3185 HORSESHOE DRIVE SOUTH

City-St-Zip: NAPLES, FL 34104

Title: STD

Name: WELKS, KAREN E

Address: 3185 HORSESHOE DRIVE SOUTH

City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY P. SOLOMON PRES 08/23/2010