## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008010

FILED Mar 22, 2011 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 TORINO WAY NAPLES, FL 34104

Current Mailing Address:

**New Mailing Address:** 

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

%KEB MANAGEMENT SERVICES 6017 PINE RIDGE ROAD 3262

NAPLES, FL 34119

FEI Number: 20-3073649

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104 US BLOOM, KENNETH E 6017 PINE RIDGE ROAD #262 NAPLES, FL 34119 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: KENNETH E. BLOOM

03/22/2011

Electronic Signature of Registered Agent

FEI Number Applied For ( )

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 SOLOMON

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03/22/2011