2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # N05000011529 1. Entity Name TORREY PINES CONDOMINIUM ASSOCIATION, INC.								05-01-200	7 90055 ()29 ****	61.2:	5
Principal Place 333 SOUTH 1 SUITE 101 VENICE, FL 3	Tamiami trail	333 S Suite	Address OUTH TAMIAMI TR 101 E, FL 34285	RAIL ·							:	
2. Principal P	Place of Business - No P.O. Box #	3. Mailir	ng Address					18/1/ 1 /1/1/ 5 1/1/ 11 /1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03162007	Chg-NP	CR2E	037 (12/0	96)		
City & State	e	City	& State				4. FEI Numbe 20-3800				+ **	ied For Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desire	ed 🗆	\$8.75 Fee Req		onal
	6. Name and Address of Curren	t Registered	d Agent				7. Name and	Address of Ne	w Registere	d Agent		
	4011451.14				Name							
333 SOUT SUITE 101					Street Add	dress (F	P.O. Box Numbe	r is Not Accept	able)			
VENICE, F	FL 34285											
					City				F	L Zip	Code	
	named entity submits this statement f tions of registered agent.	for the purpo	ose of changing its r	registere	ed office or r	register	ed agent, or bot	h, in the State o	if Florida. I a	m familiar v	with, ar	nd accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title it appli	cable. INOTE:	: Registered	c Agent signature	e recured	when reinstation \		DATI			
Filing Fee is \$61.25 Due by May 1, 2007							cc		U-11	_		
	- <u>,</u>		9. Election Cam Trust Fund Co	ipaign F	inancing		\$5.00 May Bo	e F		ck payab		te
10.	Due by May 1, 2007 OFFICERS AND D	DIRECTORS	9. Election Cam	ipaign F	inancing ion [\$5.00 May Be Added to Fees	F	Make che Florida Dep	eck payab artment o	of Stat	0
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nevery centry man the information supplied with this hing does not quality 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.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

<u>941-441-1380</u>

Daytime Phone #