## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 19, 2008 8:00 am DOCUMENT # N07000009856 **Secretary of State** 1. Entity Name 03-19-2008 90028 044 \*\*\*\*61.25 TORREY OAKS R.V. AND GOLF RESORT HOME OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 138 BOSTICK ROAD 138 BOSTICK ROAD BOWLING GREEN FL 33834 **BOWLING GREEN FL 33834** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2908 Country Oub De Suite, Apt. #, etc. 2908 Counter Club DR Suite, Apt. #. etc 1st MOORE CR2E037 (10/07) City & State 4. FEI Number Applied For Bowling Greek 26-1936659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUPPY, HAROLD C 27147 DOLPHINGS Street Address (P.O. Box Number is Not Acceptable) RAMROD KEY, FC 3304> Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of repretered agent and title if applicable. (NOTE: Begistered Agent signature required when reinstaund) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ditelii terlii tatalli OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE BELL, DOUGLAS S NAME NAME 138 BOSTICK ROAD STREET ADDRESS STREET ADDRESS BOWLING GREEN FL 33834 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition BATTEY, DOUGLAS NAME NAME 138 BOSTICK ROAD STREET ADDRESS STREET ADDRESS BOWLING GREEN FL 33834 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NĀMĒ GUPPY "HAROLD C" NISTAR 27147 DOLPHING RE 27147 Dolphin Rd. 2838 SCHEET DRIVE STREET ADDRESS STREET ADDRESS KEY BIG PINE KEY EL 33043 CITY-ST-ZIP CITY-ST-ZiP 33042 Ramrod Key, FL 33042 TITLE Delete-TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 70TLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 coath; 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 any address, with all other like empowered.

SIGNATURE:

HAIROUD CTUPAY

FILED