2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000009856

Entity Name: TORREY OAKS R.V. AND GOLF RESORT HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2908 COUNTRY CLUB DR
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

2908 COUNTRY CLUB DR
BOWLING GREEN, FL 33834

New Mailing Address:

FEI Number: 26-1936659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUPPY, HAROLD C
27147 DOLPHIN RD
RAMROD KEY, FL 33042 US

Name and Address of New Registered Agent:

BELL, DOUGLASS
2908 COUNTRY CLUB DRIVE
BOWLING GREEN, FL 33834 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: DOUGLASS BELL 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELL, DOUGLAS S
Address: 138 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

Title: VP ( ) Delete
Name: BATTEY, DOUGLAS
Address: 138 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

Title: S (X) Delete
Name: GUPPY, HAROLD C
Address: 27147 DOPHIN RD
City-St-Zip: RAMROD KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BELL, DOUGLASS
Address: 138 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

Title: VP/S (X) Change ( ) Addition
Name: MACLAREN, GREG
Address: 138 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DOUGLASS BELL P 04/29/2009
Electronic Signature of Signing Officer or Director — Date