

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 005 ****61.25



DOCUMENT # N13091
 1. Entity Name
TORY PINES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 6249 SE TORY HOBE SOUND FL 33455-7339 US
 6249 S.E. Tory Place 6249 S.E. Tory Place
 6249 SE TORY HOBE SOUND FL 33455-7339 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Hobe Sound, Fla.

1st MOORE CR2E037 (10/05)

City & State City & State
 Hobe Sound Fla
 Zip Country Zip Country
 33455 U.S.A. 33455 U.S.A.

4. FEI Number 65-0125977 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FAHEY, BARBARA
6249 S E TORY
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 Barbara A. Fahey Barbara A Fahey 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BILL, JEANETTE	
STREET ADDRESS	6249 SE TORY PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADER, TOM	
STREET ADDRESS	6249 SE TORY PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYMARC, GEORGE K	
STREET ADDRESS	6238 SE TORY PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAHEY, BARBARA	
STREET ADDRESS	6249 TORY PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DULLMAGE, JANET	
STREET ADDRESS	6226 SE TORY PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Gebring	
STREET ADDRESS	6213 S.E. Tory Place	
CITY-ST-ZIP	Hobe Sound, Fla 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolores Wheaton	
STREET ADDRESS	6298 S.E. Tory Place	
CITY-ST-ZIP	Hobe Sound Fla. 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Barbara A. Fahey Barbara A Fahey 3/30/06-772-546-0593