

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90173 001 \*\*\*\*61.25

<b>DOCUMENT # N13091</b>					
<b>1. Entity Name</b> TORY PINES PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6249 SE TORY HOBE SOUND, FL 33455-7339 US			<b>Mailing Address</b> 6249 SE TORY PLACE HOBE SOUND, FL 33455-7339 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 6298 SE TORY PLACE		<b>3. Mailing Address</b> 6298 SE TORY PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> HOBE SOUND FL		<b>City &amp; State</b> HOBE SOUND FL		<b>4. FEI Number</b> 65-0125977	
<b>Zip</b> 33455		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FAHEY, BARBARA 6249 SE TORY HOBE SOUND, FL 33455			<b>7. Name and Address of New Registered Agent</b> Name: DOLORES WHEATON Street Address (P.O. Box Number is Not Acceptable): 6298 SE TORY PLACE City: HOBE SOUND FL Zip Code: 33455		
<b>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.</b>  SIGNATURE: <u>Dolores Wheaton</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> S <b>NAME</b> GEBRING, GEORGE <b>STREET ADDRESS</b> 6213 SE TORY PL <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b> SECRETARY <b>NAME</b> GEBRING, GEORGE <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MADER, TOM <b>STREET ADDRESS</b> 6249 SE TORY PLACE <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DYMARC, GEORGE K <b>STREET ADDRESS</b> 6238 SE TORY PLACE <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> FAHEY, BARBARA <b>STREET ADDRESS</b> 6249 TORY PLACE <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> WHEATON, DELORES <b>STREET ADDRESS</b> 6298 SE TORY PL <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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.</b>					
<b>SIGNATURE:</b> <u>Dolores Wheaton</u> <u>Dolores Wheaton</u>			Date: <u>772-545-0924</u> Daytime Phone #		