

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 13, 2006
Secretary of State

DOCUMENT# N28741

Entity Name: TOREY PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2582 S MAGUIRE RD
#318
OCOOE, FL 34761 US**New Principal Place of Business:****Current Mailing Address:**2582 S MAGUIRE RD
#318
OCOOE, FL 34761 US**New Mailing Address:****FEI Number:** 59-2912384**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOLOMON, SPENCER R
113 DESIREE AURORA ST
WINTER GARDEN, FL 34787 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSCH, RANDY
Address: P.O. BOX 642522
City-St-Zip: ORLANDO, FL 32869

Title: VPD () Delete
Name: KILEY, PAUL
Address: 5135 PINE TOP PLACE
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: HICKMAN, LYNN
Address: 5231 TIMBERVIEW TERRACE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: OWENS, JEFF
Address: 5102 ROUND TREE COURT
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: OWENS, DEANNA
Address: 5102 ROUND TREE COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUSCH, RANDY
Address: P.O. BOX 692522
City-St-Zip: ORLANDO, FL 32869

Title: TD (X) Change () Addition
Name: KILEY, PAUL
Address: 5135 PINE TOP PLACE
City-St-Zip: ORLANDO, FL 32819

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

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

Title: VPD (X) Change () Addition
Name: OWENS, DEANNA
Address: 5102 ROUND TREE COURT
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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: RANDY BUSCH

PD

07/13/2006

Electronic Signature of Signing Officer or Director

Date