

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-24-2001 90003 041 ****61.25

DOCUMENT # N45279

1. Entity Name

THE TORREYA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1611 KEELY LANE
 SARASOTA FL 34232

Mailing Address

1683 EAGLE NEST CT.
 SARASOTA FL 34232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1683 Eagle Nest Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

4. FEI Number

65-0334076

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGLER, J. CLARKE
 1611 KEELY LANE
 SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name *CRAIG HICKERSON*
 Street Address (P.O. Box Number is Not Acceptable)
1683 Eagle Nest CT
 City *Sarasota* FL Zip Code *34232*

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.

SIGNATURE *[Signature]* *Treasurer*

1-10-01

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOER, GARY A	
STREET ADDRESS	1650 KEELY LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGLER, J. CLARKE	
STREET ADDRESS	1611 KEELY LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLANNAGAN, MICHELLE	
STREET ADDRESS	1611 KEELY LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Richard Shapiro	
STREET ADDRESS	1687 Eagle Nest Ct	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Craig Hickerson	
STREET ADDRESS	1683 Eagle Nest Ct	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Kim Eskew	
STREET ADDRESS	1680 Keely Ln	
CITY-ST-ZIP	Sarasota FL 34232	
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		<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 exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE: *[Signature]* **SIGNATURE**

1-10-01 *941-377-9672*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)