

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90069 007 ****61.25

DOCUMENT # N45279 1. Entity Name THE TORREYA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2055 WOOD ST. STE. 207 SARASOTA, FL 34237			Mailing Address 2055 WOOD ST. STE. 207 SARASOTA, FL 34237		
2. Principal Place of Business 5682 Bentgrass DRIVE Suite, Apt. #, etc. 101		3. Mailing Address PO BOX 51526 Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0334076	
Zip 34235		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESKEW, CURT 2055 WOOD ST. STE. 207 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name RAY STOTLEMYER Street Address (P.O. Box Number is Not Acceptable) 5682 Bentgrass Drive #101 City Sarasota FL Zip Code 34235	
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 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 4/13/04	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAPIRO, RICHARD 1687 EAGLE NEST COURT SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESKEW, CURT 2055 WOOD ST., STE. 207 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPANSKI, CHRISTINE 1704 KEELY LANE SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ray Stotlemeyer 5682 Bentgrass Dr Sarasota FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ray Stotlemeyer 5682 Bentgrass Dr Sarasota FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ray Stotlemeyer 5682 Bentgrass Dr Sarasota FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ray Stotlemeyer 5682 Bentgrass Dr Sarasota FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/13/05 DAYTIME PHONE # 941 3428279	