
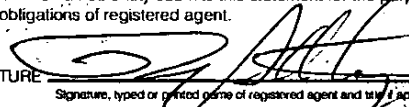
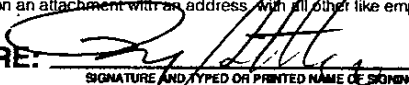


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N45279</b>			
1. Entity Name <b>THE TORREYA HOMEOWNERS ASSOCIATION, INC.</b>			
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 <i>5682 Bentgrass DRIVE</i>		3. Mailing Address <i>PO BOX 51526</i>	
Suite, Apt. #, etc. <i>101</i>		Suite, Apt. #, etc.	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota FL</i>	
Zip <i>34235</i>	Country <i>USA</i>	Zip <i>34232</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent <b>ESKEW, CURT</b> 2055 WOOD ST. STE. 207 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name <i>RAY STOTLEMYER</i> Street Address (P.O. Box Number is Not Acceptable) <i>5682 Bentgrass Drive</i> <i>#101</i> City <i>Sarasota</i> FL Zip Code <i>34235</i>	
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  DATE <i>4/13/04</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	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	DS SPANSKI, CHRISTINE 1704 KEELY LANE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 		Ray Stotlemeyer <i>4/13/05</i> 941 3428279	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

