

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 005 ****61.25

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01132007 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000004948 1. Entity Name TORREY OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 225 E. OAK STREET WAUCHULA, FL 33873			Mailing Address PO BOX 155 WAUCHULA, FL 33873-0155 US		
2. Principal Place of Business - No P.O. Box # 3102 OAKS BEND		3. Mailing Address 3102 OAKS BEND			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOWLING GREEN FL		City & State BOWLING GREEN FL		4. FEI Number 65-0596245	
Zip 33834		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33834		Country USA		6. Name and Address of Current Registered Agent NICHOLSON, CHARLES C 225 E. OAK STREET WAUCHULA, FL 33873	
Name CHARLES C NICHOLSON		Street Address (P.O. Box Number is Not Acceptable) 3102 OAKS BEND			
City BOWLING GREEN		State FL		Zip Code 33834	
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 <u>Charles C Nicholson</u> CHARLES C NICHOLSON Pres 1-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD NICHOLSON, CHARLES C 225 E. OAK STREET WAUCHULA, FL 33873		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 3102 OAKS BEND BOWLING GREEN FL 33834	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLSON, PENELOPE R 225 E. OAK STREET WAUCHULA, FL 33873		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 3102 OAKS BEND BOWLING GREEN FL 33834	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERT, WILLIAM R JR. ROUTE 1, BOX 52-G BOWLING GREEN, FL 33834		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 218 BOSTICK Rd BOWLING GREEN FL 33834	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, MARIE Z ROUTE 1, BOX 52-G BOWLING GREEN, FL 33834		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 218 BOSTICK Rd BOWLING GREEN FL 33834	
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"/> Ad	
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"/> Ad	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Charles C Nicholson **1/13/07**