

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004948

FILED
Jan 15, 2009
Secretary of State

Entity Name: TORREY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3102 OAKS BEND
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

3102 OAKS BEND
BOWLING GREEN, FL 33834 US

New Mailing Address:

3102 OAKS BEND
BOWLING GREEN, FL 33834

FEI Number: 65-0596245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, CHARLES C
3102 OAKS BEND
BOWLING GREEN, FL 33834 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: NICHOLSON, CHARLES C
Address: 3102 OAKS BEND
City-St-Zip: BOWLING GREEN, FL 33834

Title: STD () Delete
Name: NICHOLSON, PENELOPE R
Address: 3102 OAKS BEND
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD () Delete
Name: LAMBERT, WILLIAM R JR.
Address: 218 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

Title: D () Delete
Name: LAMBERT, MARIE Z
Address: 218 BOSTICK ROAD
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES C NICHOLSON

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date