

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091774

Entity Name: TOUCHSTONE AT RAPALLO, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

8551 VIA RAPALLO
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

8551 VIA RAPALLO
ESTERO, FL 33928

New Mailing Address:

FEI Number: 20-0186833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASSIDOMO, KATHLEEN C ESQ
2640 GOLDEN GATE PKWY STE 305
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

PASSIDOMO, KATHLEEN C ESQ
2390 TAAMIAMI TRAIL N
#204
NAPLES, FL 34103 US

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:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, JAMES P
Address: 8551 VIA RAPALLO
City-St-Zip: ESTERO, FL 33928

Title: VPAS () Delete
Name: DWIER, ED
Address: 8551 VIA RAPALLO
City-St-Zip: ESTERO, FL 33928

Title: VPS () Delete
Name: WALLACE, DEBBI
Address: 8551 VIA RAPALLO
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPS (X) Change () Addition
Name: WALLACE, DEBRA
Address: 8551 VIA RAPALLO
City-St-Zip: ESTERO, FL 33928

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WALLACE

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date