

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092398

FILED
Apr 17, 2009
Secretary of State

Entity Name: TORRY ISLAND RECREATIONAL MANAGEMENT CORPORATION

Current Principal Place of Business:

1233 NW AVENUE L
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 1029
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 26-3529624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, H L
7400 LAURELS PLACE
PORT ST. LUCIE, FL 34986 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRIPP, H L
Address: 7400 LAURELS PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: PERRYMAN, BARTON T
Address: 1190 NW 16TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: ST () Delete
Name: TRIPP, JIMMY L
Address: 1233 NW AVENUE L
City-St-Zip: BELLE GLADE, FL 33430

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:

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: SABRINA DRAYTON

COMP

04/17/2009

Electronic Signature of Signing Officer or Director

Date