

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724544 (2)

1. Corporation Name

SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 342
NOKOMIS FL 34275P.O. BOX 342
NOKOMIS FL 34274-03423. Date Incorporated or Qualified
10/13/19723a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLROYD, JR. FRANK J.
1900 MAIN BLDG.
SARASOTA FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLARD, EUNICE	
STREET ADDRESS	540 VILLA PARK DR.	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOWNING, RICHARD C	
STREET ADDRESS	529 MODIGLIANI DR	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUBLIS, JOSEPH	
STREET ADDRESS	539 MIRO CIR	
CITY - ST - ZIP	NOKOMIS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, LOUIS	
STREET ADDRESS	534 MIRO CIR	
CITY - ST - ZIP	NOKOMIS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMM, RICHARD	
STREET ADDRESS	525 MIRO CIR	
CITY - ST - ZIP	NOKOMIS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGELMANN, HERBERT	
STREET ADDRESS	517 ROUSSEAU DR	
CITY - ST - ZIP	NOKOMIS, FL 00000	

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VPD	
1.3 STREET ADDRESS	SANDFORD, JAMES	
1.4 CITY - ST - ZIP	526 Miro Circle	
2.1 TITLE	Nokomis, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.C. Downing, Tr

1-14-97 941-966-4969

Date

Daytime Phone # 0084028

CR2E037 (9/96)