

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724544

1. Entity Name

SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90014 002 ****61.25

Principal Place of Business

Mailing Address

C. BOX 342
FL 34275

P.O. BOX 342
NOKOMIS FL 34274-0342
US

C0020549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1651072

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KETTER, KATHLEEN G
544 VILLA PARK DR
NOKOMIS FL 34275

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MILLARD, EUNICE	540 VILLA PARK DR.	NOKOMIS FL 34275	<input type="checkbox"/>
PD	FRIDDLE, HARLAN H	529 MODIGLIANI DR	NOKOMIS FL 34275	<input type="checkbox"/>
D	BOUBLIS, JOSEPH	539 MIRO CIR	NOKOMIS, FL 00000	<input type="checkbox"/>
SD	MONTGOMERY, LINDA K	532 MIRO CIR	NOKOMIS FL 34275	<input type="checkbox"/>
TD	KETTER, KATHLEEN G	544 VILLA PARK DR	NOKOMIS FL 34275	<input type="checkbox"/>
D	DAVIS, KATHLEEN M	535 VILLA PARK DR	NOKOMIS FL 34275	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	Gardner, Dan	543 Villa Park Dr.	Nokomis, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE

[Handwritten Signature]

3-7-00

941-966-4444

CR2E037 (9/99)