


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 025 ****61.25

DOCUMENT # 724544 1. Entity Name SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 342 NOKOMIS, FL 34275			Mailing Address P.O. BOX 342 NOKOMIS, FL 34274-0342 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1651072	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRIDDLE, HARLAN H 529 MODIGLIANI DR NOKOMIS, FL 34275				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOPPEN, JACK		NAME	MCCOPPEN, JACK	
STREET ADDRESS	533 MIRO CIR		STREET ADDRESS	533 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIDDLE, HARLAN H		NAME		
STREET ADDRESS	529 MODIGLIANI DR		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUBLIS, JOSEPH		NAME	MARKS, MICHAEL	
STREET ADDRESS	539 MIRO CIR		STREET ADDRESS	524 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 00000		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, LINDA K		NAME	HUBBARD, ANN C	
STREET ADDRESS	532 MIRO CIR		STREET ADDRESS	541 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, RAYMOND		NAME		
STREET ADDRESS	527 VILLA PK DR		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, JIM		NAME		
STREET ADDRESS	538 MIRO CIR		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
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: Harlan H. Friddle HARLAN H. FRIDDLE JAN 16, 2004 941-966-4064					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					