

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91350 015 ****61.25

0076332

DOCUMENT # 753188

1. Entity Name

SORRENTO INLET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**700 SORRENTO INLET
 NOKOMIS FL 34275**

**700 SORRENTO INLET
 NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2067654

Applied For

Not Applicable

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

**ABELL, ROY
 704 SORRENTO INLET
 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.

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 **D** ☒ Delete
 NAME **MCLEAN, ALICE**
 STREET ADDRESS **718 SORRENTO INLET**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Change ☒ Addition
 NAME **Howell, Eliot**
 STREET ADDRESS **751 Sorrento Inlet**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE **SD** ☒ Delete
 NAME **DONATI, ROBERT**
 STREET ADDRESS **750 SORRENTO INLET**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Donati, Phyllis**
 STREET ADDRESS **750 Sorrento Inlet**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE **TD** ☐ Delete
 NAME **ELLIOTT, MAYNARD**
 STREET ADDRESS **741 SORRENTO INLET**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HAYNES, EMMETT**
 STREET ADDRESS **749 SORRENTO INLET**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Haynes, Emmett**
 STREET ADDRESS **749 Sorrento Inlet**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE **D** ☒ Delete
 NAME **PODER, BILL**
 STREET ADDRESS **732 SORRENTO INLET**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Haggard, Norine**
 STREET ADDRESS **705 Sorrento Inlet**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE **PD** ☐ Delete
 NAME **ABEL, ROY**
 STREET ADDRESS **704 SORRENTO INLET**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Maynard Elliott*

5/5/01

941 966-5885

CR2E037 (10/00)