

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L71678** (1)

1. Corporation Name
SORRENTO VALLEY GOLF, INC.



Principal Place of Business: **% ROBIN L. MCCOY, 1995 CALUSA LAKES BLVD. NOKOMISA FL 34275**
Mailing Address: **% ROBIN L. MCCOY, 1995 CALUSA LAKES BLVD. NOKOMISA FL 34275**

3. Date Incorporated or Qualified: **05/08/1990**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-3026339**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOY, ROBIN L
2045 TIMUCUA TR.
NOKOMIS FL 34275**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation's registered agent or director (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	NAME: RICH, THOMAS A STREET ADDRESS: 1414 COLONY PLACE CITY-STATE-ZIP: VENICE FL 34292	1. TITLE: <input type="checkbox"/> DELETE	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PT	NAME: MCCOY, ROBIN L STREET ADDRESS: 2045 TIMUCUA TR. CITY-STATE-ZIP: NOKOMIS FL 34275	2. TITLE: <input type="checkbox"/> DELETE	2. NAME: AT 23 STREET ADDRESS: 1348 Clubview Ct. 24 CITY-STATE-ZIP: Sarasota FL 34233
TITLE: S	NAME: MATUSZAK, WALTER STREET ADDRESS: 1415 COLONY PLACE CITY-STATE-ZIP: VENICE FL 34292	3. TITLE: <input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: BOBBETT, LEONARD STREET ADDRESS: 1408 COLONY PLACE CITY-STATE-ZIP: VENICE FL 34292	4. TITLE: <input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: ILER, NORMAN STREET ADDRESS: 758 VILLAGE CR. #208 CITY-STATE-ZIP: VENICE FL 34292	5. TITLE: <input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: MATUSZAK, DAVID W STREET ADDRESS: 2702 HEATHER PL. CITY-STATE-ZIP: SARASOTA FL 34235	6. TITLE: <input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robin L. McCoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robin L. McCoy**

(941)484-6621
Electronic Filing #

CR2E034 (12/95)