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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34275-5321



3. Date Incorporated or Qualified 05/08/1990	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3026339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent MCCOY, ROBIN L 2045 TIMUCUA TR. NOKOMIS FL 34275	10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	RICH, THOMAS A 1348 CLUBVIEW CT VENICE FL	1.1 TITLE VP	BOBBETT, Ronald M
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1661 New Seneca Turnpike
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SKaneateles, NY 13152
TITLE PT	MCCOY, ROBIN L 2045 TIMUCUA TR. NOKOMIS FL 34275	2.1 TITLE AT	RICH, NAN E.
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4309 Pasadena Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE S	MATUSZAK, WALTER 1415 COLONY PLACE VENICE FL 34292	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE V	BOBBETT, LEONARD 1406 COLONY PLACE VENICE FL 34292	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE V	ILER, NORMAN 758 VILLAGE CR. #208 VENICE FL 34292	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE AS	MATUSZAK, DAVID W 2702 HEATHER PL. SARASOTA FL 34235	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* ROBIN L. MCCOY 2/20/97 944-484-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)