

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:05

DOCUMENT # **N14059 (2)**
1. Corporation Name
SORRENTO PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O HANSEL L. PITTS, JR.
8 SORRENTO DR.
OSPREY FL 34229-9610
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 01/28/1994
4. FEI Number 59-2704341	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

PITTS, HANSEL L. J
8 SORRENTO PLACE Drive
OSPREY FL ~~34229~~
34229

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, HANSEL JR	1.2 NAME	
STREET ADDRESS	805 SORRENTO PL	1.3 STREET ADDRESS	
CITY- ST- ZIP	NOKOMIS FL	1.4 CITY- ST- ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, GARY	2.2 NAME	
STREET ADDRESS	819 SORRENTO PL	2.3 STREET ADDRESS	
CITY- ST- ZIP	NOKOMIS FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTE, BEV Deleted	3.2 NAME	DS
STREET ADDRESS	820 SORRENTO PL	3.3 STREET ADDRESS	Jacqui Merrill
CITY- ST- ZIP	NOKOMIS FL	3.4 CITY- ST- ZIP	820 Sorrento Place
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PAUL Deleted	4.2 NAME	Nokomis, FL
STREET ADDRESS	808 SORRENTO PL	4.3 STREET ADDRESS	
CITY- ST- ZIP	NOKOMIS FL	4.4 CITY- ST- ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULUS, JOHN	5.2 NAME	
STREET ADDRESS	801 SORRENTO PL	5.3 STREET ADDRESS	
CITY- ST- ZIP	NOKOMIS FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hansel L. Pitts, Jr. Hansel L. Pitts, Jr. Feb. 10, 1995 813-966-3602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)