


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: C/O HANSEL L. PITTS, JR. 8 SORRENTO DR. OSPREY FL 34229-8610 US
Mailing Address: C/O HANSEL L. PITTS, JR. 8 SORRENTO DR. OSPREY FL 34229-8610 US

3. Date Incorporated or Qualified: 03/27/1986
4. FEI Number: 59-2704341
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: PITTS, HANSEL L. J 8 SORRENTO DRIVE OSPREY FL 34229

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jackie Merrill (Signature) DATE: 2-18-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PITTS, HANSEL JR	
STREET ADDRESS	805 SORRENTO PL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOND, DAVID	
STREET ADDRESS	806 SORRENTO PL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MERRILL, JACQUI	
STREET ADDRESS	820 SORRENTO PLACE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP JACKIE MERRILL	
1.3 STREET ADDRESS	820 SORRENTO PL.	
1.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID BOND	
2.3 STREET ADDRESS	806 SORRENTO PL	
2.4 CITY-ST-ZIP	NOKOMIS FL	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIAN BOND	
3.3 STREET ADDRESS	806 SORRENTO PL	
3.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Jackie Merrill (Signature) DATE: 2-18-98

CR2E037 (10/97)