

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90014 026 ****61.25

A0016325



DO NOT WRITE IN THIS SPACE

DOCUMENT # N14059

1. Entity 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

C/O HANSEL L. PITTS, JR.
 8 SORRENTO DR.
 OSPREY FL 34229-9610
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2704341

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PITTS, HANSEL L. J
8 SORRENTO DRIVE
OSPREY FL 34229

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 | DP | <input type="checkbox"/> Delete |
| NAME | MERRILL, JACKIE | |
| STREET ADDRESS | 820 SORRENTO PL | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BOND, DAVID | |
| STREET ADDRESS | 806 SORRENTO PL | |
| CITY-ST-ZIP | NOKOMIS FL | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | BOND, MARIAN | |
| STREET ADDRESS | 806 SORRENTO PL | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Margaret Wishrad | |
| STREET ADDRESS | 810 Sorrento Place | |
| CITY-ST-ZIP | Nokomis, FL 34275 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hansel Pitts | |
| STREET ADDRESS | 805 Sorrento Place, Nokomis, FL 34275 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Hansel Pitts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

941-966-3602

Daytime Phone #

CR2E037 (9/99)