

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90299 010 ****61.25

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

817 Sorrento Place

3. Mailing Address

817 Sorrento Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Nokomis FL

City & State

Nokomis FL

4. FEI Number

59-2704341

Applied For

Not Applicable

Zip

34275

Country

Sarasota

Zip

34275

Country

Sarasota

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Terry Wayland**

Street Address (P.O. Box Number is Not Acceptable)

817 Sorrento Place

City **Nokomis**

FL

Zip Code

34275

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

Terry Wayland, TREASURE

1-29-2001

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** Delete
 NAME **MERRILL, JACKIE**
 STREET ADDRESS **820 SORRENTO PL**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BOND, DAVID**
 STREET ADDRESS **806 SORRENTO PL**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE **VD** Change Addition
 NAME **Zangley, BEHE**
 STREET ADDRESS **806 Sorrento Place**
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **S** Delete
 NAME **WISHRAD, MARGARET**
 STREET ADDRESS **810 SORRENTO PLACE**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **PITTS, HANSEL**
 STREET ADDRESS **805 SORRENTO PLACE**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **TREASURE** Change Addition
 NAME **Wayland, Terry**
 STREET ADDRESS **817 Sorrento Place**
 CITY-ST-ZIP **Nokomis FL 34275**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **Terry Wayland**

1-29-2001 (941) 275-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)