


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90041 012 ***150.00

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1. Entity Name
SORRENTO PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**820 SORRENTO PLACE
 NOKOMIS, FL 34275 US**

Mailing Address
**PO BOX 816
 NOKOMIS, FL 34275 US**

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

00000000



01192006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2704341** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DILWORTH, WILLIAM D
 806 SORRENTO PL
 NOKOMIS, FL 34275**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HORTON, WILLIAM	
STREET ADDRESS	804 SORRENTO PL	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, SUE	
STREET ADDRESS	803 SORRENTO PLACE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUINTERLE, DANNA	
STREET ADDRESS	817 SORRENTO PL	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	T	<input type="checkbox"/> Delete
NAME	DILWORTH, WILLIAM D	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurel Ruch	
STREET ADDRESS	820 Sorrento Pl	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deanna Quintrell	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William D Dilworth 3/13/06 941-808-6744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #