

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14059

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** SORRENTO PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

820 SORRENTO PLACE  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 816  
NOKOMIS, FL 34275 US

**New Mailing Address:**

FEI Number: 59-2704341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BINDER, BRENDA S  
1485 FITZGERALD ROAD  
NORTH PORT, FL 34288 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HORTON, WILLIAM  
Address: 804 SORRENTO PL  
City-St-Zip: NOKOMIS, FL 34275

Title: VP ( ) Delete  
Name: RUCH, LAUREL  
Address: 820 SORRENTO PL  
City-St-Zip: NOKOMIS, FL 34275

Title: S ( ) Delete  
Name: QUINTRELL, DEANNA  
Address: 817 SORRENTO PL  
City-St-Zip: NOKOMIS, FL 34275

Title: T ( ) Delete  
Name: DILWORTH, WILLIAM D  
Address: 806 SORRENTO PL  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: DUSTMAN, LEW  
Address: 812 SORRENTO PLACE  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: HONOUR, MICHELE  
Address: 815 SORRENTO PLACE  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HORTON

P

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date