

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14059

FILED
Apr 30, 2009
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:

PO BOX 7555
NORTH PORT, FL 34290 US

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
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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: JIM HORTON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date