

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90136 045 ****61.25

DOCUMENT # N14059

1. Entity Name
SORRENTO PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**817 SORRENTO PLACE
NOKOMIS FL 34275
US**

Mailing Address

**817 SORRENTO PLACE
NOKOMIS FL 34275
US**

70013700



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

820 Sorrento Place
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 816
Suite, Apt. #, etc.

City & State

Nokomis, FL

City & State

Nokomis, FL

4. FEI Number **59-2704341**

Applied For

Not Applicable

Zip

Country

34275

US

Zip

Country

34274

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAYLAND, TERRY
817 SORRENTO PLACE
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name **JACKIE MERRILL**
Street Address (P.O. Box Number is Not Acceptable)
820 Sorrento Pl
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jacqueline L. Merrill, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	LANGLEY, BETTE	
STREET ADDRESS	806 SORRENTO PL	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WISHRAD, MARGARET	
STREET ADDRESS	810 SORRENTO PLACE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WAYLAND, TERRY	
STREET ADDRESS	817 SORRENTO PLACE	
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	Treasurer	<input checked="" 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUE SCOTT	
STREET ADDRESS	803 Sorrento Pl	
CITY-ST-ZIP	Nokomis, FL 34275	
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: *Jacqueline L. Merrill* **JACQUELINE L. MERRILL** **1-25-03** **941-966-2249**

CR2E037 (10/02)