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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 28 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 725918 (7)

1. Corporation Name

SORRENTO PARK CONDOMINIUM ASSOCIATION, INC. [redacted]P
~~M-PROPERTY MANAGEMENT, INC.~~

Principal Place of Business	Mailing Address
2055 WOOD STREET 202 SARASOTA FL 34237 US	2055 WOOD STREET 202 SARASOTA FL 34237 US

3. Date Incorporated or Qualified: 03/26/1973
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2069008 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MANAGEMENT INC.
2055 WOOD STREET
SUITE 202
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1 1 TITLE	☐ Change ☐ Addition
NAME	HOOD, CAROL	1 2 NAME	00001476370
STREET ADDRESS	213 G RUBENS DRIVE	1 3 STREET ADDRESS	-05/04/95--01121--010
CITY-ST-ZIP	NOKOMIS FL	1 4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	VD	2 1 TITLE	D ☒ Change ☐ Addition
NAME	BERDA, THOMAS	2 2 NAME	Berda, Thomas
STREET ADDRESS	203F RUBENS DRIVE	2 3 STREET ADDRESS	203F Rubens Drive
CITY-ST-ZIP	NOKOMIS FL	2 4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE	SD	3 1 TITLE	SD ☐ Change ☒ Addition
NAME	ACTON, CONLEY	3 2 NAME	Perrozzi, Rose
STREET ADDRESS	211-G RUBENS DR	3 3 STREET ADDRESS	211F Rubens Drive
CITY-ST-ZIP	NOKOMIS FL	3 4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE	D	4 1 TITLE	VD ☒ Change ☐ Addition
NAME	KOSEPER, YVONNE	4 2 NAME	Kosepar, Yvonne
STREET ADDRESS	209-D RUBENS DR	4 3 STREET ADDRESS	209D Rubens Drive
CITY-ST-ZIP	NOKOMIS FL	4 4 CITY-ST-ZIP	~~Nokomis, FL 34275~~
TITLE	PD	5 1 TITLE	☐ Change ☐ Addition
NAME	MORROW, JAMES	5 2 NAME	
STREET ADDRESS	627 ALAHAMBRA RD 104-E	5 3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James V. Morrow 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #
James V. Morrow

0018718