

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 728505 (9)  
1. Corporation Name  
SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIAT  
ION, INC.



Principal Place of Business  
632 LEGER  
NOKOMIS FL 34275

Mailing Address  
P.O. BOX 1361  
NOKOMIS FL 34274

3. Date Incorporated or Qualified  
12/28/1973

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business  
21

2a. Mailing Address  
26

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Country  
25

Zip  
29

Country  
30

4. FEI Number  
59-1649390

Applied For  
☒ Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution  
☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

\* SCHAITT, ESTHER  
632 LEGER  
NOKOMIS FL 34275

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

Sidney D. Robinson, Sect.  
622 Seurat  
Nokomis, FL 34275

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ECK, JR. W  
601 RUBENS DR  
NOKOMIS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
FAIRWEATHER, BARBARA A.  
604 VERROCCHIO  
NOKOMIS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
SCHMITT, ESTHER  
632 LEGER  
NOKOMIS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
DOWMAN, VIRGINIA  
629 SEURAT DR  
NOKOMIS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ATD  
GARNER, WANDA A.  
617 MIRO CIR  
NOKOMIS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MD  
COLLINS, MICHAEL  
639 VERROCCHIO  
NOKOMIS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

President  
Eck, Walter F.  
601 Rubens Drive  
Nokomis, Fl. 34275

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Vic-President  
Dorothy R. Stiveck  
650 Chirico  
Nokomis, Fl. 34275

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Secretary  
Sidney D. Robinson  
622 Seurat Drive  
Nokomis, Fl. 34275

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Treasurer  
Josephine Douglas  
638 Signorelli Drive  
Nokomis, Fl. 34275

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Building & Road Maintenance  
Michael Collins  
639 Verrocchio  
Nokomis, Fl. 34275

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josephine Douglas  
Treasurer

CR2E037 (12/95)