

3/11/97 B-2915 C
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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 728505 (9)

1. Corporation Name

SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~602 LEON~~
NOKOMIS FL 34275

638 Signorelli DR.

P.O. BOX 1361
NOKOMIS FL 34274-1361



3. Date Incorporated or Qualified
12/28/1973

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

ROBINSON, SIDNEY D
622 SEURAT
NOKOMIS FL 34275

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 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 P ☒ DELETE
NAME ECK, WALTER F
STREET ADDRESS 601 RUBENS DR
CITY-ST-ZIP NOKOMIS FL

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

TITLE VE ☐ DELETE
NAME STEVECK HER, DOROTHY R Director
STREET ADDRESS 650 CHIRICO
CITY-ST-ZIP NOKOMIS FL 34275

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME STEVECK, DOROTHY D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME ROBINSON, SIDNEY D Director
STREET ADDRESS 622 SEURAT DR
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE TD ☐ DELETE
NAME DOUGLAS, JOSEPHINE Director
STREET ADDRESS 638 SIGNORELLI DR
CITY-ST-ZIP NOKOMIS FL 34275

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Douglas, Josephine D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ATD ☒ DELETE
NAME GARNER, WANDA A.
STREET ADDRESS 617 MIRA CIR
CITY-ST-ZIP NOKOMIS FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME BRADY MAINTENANCE
5.3 STREET ADDRESS FRIDDLE, HARLAN D Director
5.4 CITY-ST-ZIP 647 SIGNORELLI DRIVE
NOKOMIS, FL 34275

TITLE MD ☒ DELETE
NAME COLLINS, MICHAEL
STREET ADDRESS 639 VERROCCHIO
CITY-ST-ZIP NOKOMIS FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME MD Gaudet, Russell D Director
6.3 STREET ADDRESS 612 CHIRICO
6.4 CITY-ST-ZIP NOKOMIS FL 34275

14. I do 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 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:

Josephine Douglas TREASURER 2/10/97 (941) 966-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084040

CR2E037 (9/96)