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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725918

1. Corporation Name

SORRENTO PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

~~LIGHTHOUSE MANAGEMENT~~
~~16 CHURCH ST~~
~~OSPREY FL 34229~~
 US

Mailing Address

~~LIGHTHOUSE MANAGEMENT~~
~~16 CHURCH ST~~
~~OSPREY FL 34229~~
 US



2. Principal Place of Business

21 **Premier Management Services**
 Suite, Apt. #, etc.
 22 **1777 TAMIANE TR Ste 5000**
 City & State
 23 **PORT CHARLOTTE, FL**
 Zip
 24 **33948** Country
 25 **US**

2a. Mailing Address

2a **Premier Management Services**
 Suite, Apt. #, etc.
 22 **1777 TAMIANE TR Ste 5000**
 City & State
 23 **PORT CHARLOTTE, FL**
 Zip
 24 **33948** Country
 25 **US**

3. Date Incorporated or Qualified

03/26/1973

4. FEI Number

59-2069008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~HOLLISTER, DENNIS~~
~~SORRENTO PARK CONDOMINIUM ASSOCIATION, INC~~
~~C/O 16 CHURCH ST~~
~~OSPREY FL 34229~~

10. Name and Address of New Registered Agent

81 **SHARON SCHOONBECK**
 82 **40 PREMIER MANAGEMENT SERVICES**
 83 **1777 TAMIANE TR-Ste 5000**
 84 **PORT CHARLOTTE** **FL** 85 **33948**

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

Sharon Schoonbeck

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	MARCH, JAN	P. O. BOX 432 N/A	VENICE FL 34284	<input type="checkbox"/>
VD	BERDA, THOMAS	203F RUBENS DRIVE	NOKOMIS FL	<input checked="" type="checkbox"/>
SD	PERROZZI, ROSE	211-F RUBENS DR	NOKOMIS FL 34275	<input type="checkbox"/>
PD	DENNIS HOLLISTER	203-C RUBENS DRIVE	NOKOMIS FL	<input checked="" type="checkbox"/>
TD	ZIELIENSKI, ANNA	213-E RUBENS DR	NOKOMIS FL	<input type="checkbox"/>
ASD	KEITH, J. LLOYD	16 CHURCH ST	OSPREY FL 34229	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

VID MORGAN DONDUS
203A RUBENS DRIVE
NOKOMIS, FL 34275

PD PERROZZI, ROSE
211-F RUBENS DR
NOKOMIS, FL 34275

SD Green, FRANK
213-E RUBENS DR
NOKOMIS, FL 34275

14. 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 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, with all other like empowered.

SIGNATURE:

Anna Zielinski

4/15/99

CR2E037 (11/98)