

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728505

1. Entity Name

SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

P.O. BOX 1361
NOKOMIS FL 34275
US

P.O. BOX 1361
NOKOMIS FL 34274-1361
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDET, RUSSELL
612 CHIRICO
NOKOMIS FL 34275

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WHITTAKER, ROBERT
STREET ADDRESS 646 SIGNORELLI
CITY-ST-ZIP NOKOMIS FL 34275

T ☒ Change ☐ Addition
NAME Josephine Douglas
STREET ADDRESS 638 SIGNORELLI DR.
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D ☐ Delete
NAME THOMPSON, ANN
STREET ADDRESS 610 VERROCHIO
CITY-ST-ZIP NOKOMIS FL 34275

S ☒ Change ☐ Addition
NAME RONALD RYAN
STREET ADDRESS 639 VERROCHIO
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE S ☒ Delete
NAME ROBINSON, SIDNEY D
STREET ADDRESS 622 SEURAT DR
CITY-ST-ZIP NOKOMIS FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME ROSE, BETTY
STREET ADDRESS 614 MIRO CIR
CITY-ST-ZIP NOKOMIS FL 34275

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GAUDET, RUSSELL
STREET ADDRESS 612 CHIRICO
CITY-ST-ZIP NOKOMIS FL 34275

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Josephine Douglas, Treasurer* Date: *April 19, 2000* (941) 966-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90096 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1649390 ☒ Applied For ☐ Not Applicable

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

CR2E037 (9/99)