

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728505

1. Entity Name

SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1361
NOKOMIS FL 34275
US

Mailing Address

P.O. BOX 1361
NOKOMIS FL 34274
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1649390**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edward G. Shomody
627 Verrocchio Dr.
Nokomis, FL 34275

Name

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 \$61.25

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

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

TITLE **SD** ☐ Delete
NAME **RYAN, RONALD**
STREET ADDRESS **639 VERROCHIO**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD** ☐ Delete
NAME **Edward G. Shomody**
STREET ADDRESS **627 Verrocchio Dr.**
CITY-ST-ZIP **Nokomis, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)