


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90001 045 ****61.25

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 34275 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1649390	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOMODY, CLAIRE 627 VERROCCHIO DR. NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, DONDUS		NAME		
STREET ADDRESS	622 SEURAT DR.		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, RONALD		NAME		
STREET ADDRESS	639 VERROCHIO		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'KANE, JOHN		NAME		
STREET ADDRESS	631 LEGER DR.		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOMODY, CLAIRE S		NAME		
STREET ADDRESS	627 VERROCCHIO		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	TR		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IACAMPO, MICHAEL		NAME	TR	
STREET ADDRESS	624 SOURAT DR		STREET ADDRESS	GALEN, TRACY	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	622 SEURAT DR	
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, BRUCE		NAME		
STREET ADDRESS	629 SEURAT		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Claire Shomody</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/27/06 941-966-1699 <small>Date Daytime Phone #</small>		