

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90026 034 \*\*\*\*61.25

**DOCUMENT # 728505**

1. Entity Name  
**SORRENTO VILLAS, SECTION 6, CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 1361  
NOKOMIS, FL 34274 US

Mailing Address  
P.O. BOX 1361  
NOKOMIS, FL 34274 US

50001767



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1649390

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SHOMODY, CLAIRE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Claire Shomody*

*Claire Shomody*

03-24-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 ☐ Delete  
NAME: MORGAN, DONDUS  
STREET ADDRESS: 622 SEURAT DR.  
CITY-ST-ZIP: NOKOMIS, FL 34275

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

TITLE: SD ☒ Delete  
NAME: RYAN, RONALD  
STREET ADDRESS: 639 VERROCCHIO  
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: SD ☐ Change ☒ Addition  
NAME: Doris Dittmar  
STREET ADDRESS: 625 VERROCCHIO  
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: D ☒ Delete  
NAME: O'KANE, JOHN  
STREET ADDRESS: 631 LEGER DR.  
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: D ☐ Change ☒ Addition  
NAME: DAVID KING  
STREET ADDRESS: 628 SEURAT DR  
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: P ☐ Delete  
NAME: SHOMODY, CLAIRE S  
STREET ADDRESS: 627 VERROCCHIO  
CITY-ST-ZIP: NOKOMIS, FL 34275

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

TITLE: TR ☐ Delete  
NAME: GALEN, TRACY  
STREET ADDRESS: 622 SOURAT DR  
CITY-ST-ZIP: NOKOMIS, FL 34275

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

TITLE: VP ☒ Delete  
NAME: SNYDER, BRUCE  
STREET ADDRESS: 629 SEURAT  
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: VP ☐ Change ☒ Addition  
NAME: GENE Staggs  
STREET ADDRESS: 638 Sigorelli Dr  
CITY-ST-ZIP: NOKOMIS, FL 34275

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:

*Dondus D. Morgan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-08

Date

941-918-8805

Daytime Phone #