


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 002 ****61.25

DOCUMENT # 725918	
1. Entity Name SORRENTO PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 181 CENTER RD VENICE, FL 34285 US	Mailing Address PO BOX 595 VENICE, FL 34284 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1877 Northgate Blvd Ste 4
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Sarasota FL
Zip	Zip 34234
Country	Country USA



04022008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2069008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANAGEMENT SERVICES OF VENICE INC US HWY 41 S SUITE 18B VENICE, FL 34284

7. Name and Address of New Registered Agent
Name KEVIN T. WELLS
Street Address (P.O. Box Number is Not Acceptable) 22 South Lintas Ave
City Sarasota FL Zip Code 34236

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 _____
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PD BLENDIA, RICHARD 211 RUBENS DR #6 NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SD RANDAL, JOHN 209-C RUBENS DR., EAST NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SP KOEPEY, YVONNE 209 RUBENS DR #D NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
TD MASTEN, PAULA 209 RUBENS DRIVE #G NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D GOUIN, SUSAN 58B CONNELLY GROVE DERRY, NH 03138	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP Paula Masten 209 Rubens Dr #G Nokomis, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T RALPH RAIMP 207 Rubens Drive D Nokomis, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D John Randal 209 Rubens DR A Nokomis, FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AS MICHAEL MANNING 1877 NORTHGATE BLVD #4 SARASOTA, FL 34234	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Manning 4-15-2008 941 359-4876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #