

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-10-2003 900521041 ****61.25

728505

03 SEP 15 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDET, RUSSELL
612 CHIRICO
NOKOMIS FL 34275

DELETE

Name

Betty Rose

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

614 MIRO CIRCLE

City

Nokomis

FL

Zip Code

34275

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 Betty Rose (BETTY ROSE)

9/7/03

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
After September 10, 2003, min will be \$236.25

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, JOSEPHINE	
STREET ADDRESS	638 SIGNORELLI DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYAN, RONALD	
STREET ADDRESS	639 VERROCHIO	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHOMODY, EDWARD G	
STREET ADDRESS	627 VERROCHIO DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Rose	
STREET ADDRESS	614 MIRO CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDE SHOMODY	
STREET ADDRESS	627 VERROCHIO	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD SHOMODY	
STREET ADDRESS	627 VERROCHIO	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUDIE SCHUEMANN	
STREET ADDRESS	649 CHIRICO	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE SNYDER	
STREET ADDRESS	629 SEURAT	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Betty Rose (BETTY ROSE)

9/7/03 941-966-9342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)