

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724544

Entity Name: SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.**Current Principal Place of Business:**2477 STICKNEY PT. RD
118A
SARASOTA, FL 34231**Current Mailing Address:**2477 STICKNEY PT. RD
118A
SARASOTA, FL 34231**FEI Number:** 59-1651072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOMPKINS, JIM
2477 STICKNEY POINT RD #118A
SARASOTA, FL 34231 US*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:** JIM TOMPKINS

02/04/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TOMPKINS, JIM
Address	2477 STICKNEY POINT RD. 118A
City-State-Zip:	SARASOTA FL 34231

Title	D
Name	FRIDDLE, HARLAN H
Address	2477 STICKNEY POINT RD. 118A
City-State-Zip:	SARASOTA FL 34231

Title	SECRETARY
Name	DORNBACH, CLAUDIA
Address	2477 STICKNEY POINT RD. 118A
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	STETZ, DON
Address	2477 STICKNEY POINT RD. 118A
City-State-Zip:	SARASOTA FL 34231

Title	VP
Name	BRUNO, ROBERT
Address	2477 STICKNEY POINT RD. 118A
City-State-Zip:	SARASOTA FL 34231

Title	TREASURER
Name	MCCOPPEN, JACK
Address	2477 STICKNEY POINT RD. 118A
City-State-Zip:	SARASOTA, FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM TOMPKINS**PRESIDENT**

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date