Current Principal Place of Business: ARGUS MANAGMENT OF VENICE

Entity Name: SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

1062 E. VENICE AVENUE VENICE, FL 34285

DOCUMENT# 724544

Current Mailing Address:

ARGUS MANAGMENT OF VENICE 1062 E. VENICE AVENUE VENICE, FL 34285 US

FEI Number: 59-1651072

Name and Address of Current Registered Agent:

JAMES W MALLONEE PA 946 TAMIAMI TRAIL SUITE 206 PORT CHARLOTTE, FL 33953 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.

	The above named	he 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	: JAMES W MALLONEE			04/30/2024	
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	PRESIDENT	Title	V PRESIDENT		
	Name	PHILLIPS, DONALD	Name	BABICH , PATTY		
	Address	ARGUS MANAGMENT OF VENICE 1062 E. VENICE AVENUE	Address	ARGUS MANAGMENT OF VENIC 1062 E. VENICE AVENUE	E	
	City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		
	Title	TREASURER	Title	SECRETARY		
	Name	TOMPKINS, JAMES	Name	BLACKMON, JENNIFER		
	Address	ARGUS MANAGMENT OF VENICE 1062 E. VENICE AVENUE	Address	ARGUS MANAGMENT OF VENIC 1062 E. VENICE AVENUE	E	
	City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		
	Title	DIRECTOR	Title	DIRECTOR		
	Name	MCCOPPEN, JACK	Name	DOS SANTOS, HEIDI		
	Address	ARGUS MANAGMENT OF VENICE 1062 E. VENICE AVENUE	Address	ARGUS MANAGMENT OF VENIC 1062 E. VENICE AVENUE	E	
	City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		
	Title	DIRECTOR	Title	MANAGER		
	Name	OVERSTREET, TANYA	Name	O'GRADY, BARBARA		
	Address	ARGUS MANAGMENT OF VENICE 1062 E. VENICE AVENUE	Address	ARGUS MANAGMENT OF VENIC 1062 E. VENICE AVENUE	E	
	City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		

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.

PRES / MGMT CO

SIGNATURE: BARBARA O'GRADY

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/30/2024

Date