2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 725918

Entity Name: SORRENTO PARK CONDOMINIUM ASSOCIATION, INC.

FILED Sep 20, 2023 Secretary of State 9259309074CC

Current Principal Place of Business:

C/O CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE SUITE 500

SARASOTA, FL 34238

Current Mailing Address:

C/O CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE SUITE 500 SARASOTA, FL 34238 US

FEI Number: 59-2069008 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERACI, MARC C/O CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE SUITE 500 SARASOTA, FL 34238 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: MARC GERACI 09/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VF

Name TOLBERT, LEON Name CRAWFORD, MICHELLE

Address C/O CAPSTONE ASSOCIATION Address C/O CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE SUITE 500 8588 POTTER PARK DRIVE SUITE 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

Title ASST. TREASURER Title SECRETARY

Name SUTTON, WILLIAM Name PACICH, NICOLE

Address C/O CAPSTONE ASSOCIATION Address C/O CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE SUITE 500 8588 POTTER PARK DRIVE SUITE 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

TitleDIRECTORTitleTREASURERNameMCLEAN, KARENNameSUNDLER, JULIE

Address C/O CAPSTONE ASSOCIATION Address C/O CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE SUITE 500 8588 POTTER PARK DRIVE SUITE 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

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.