

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728505

Entity Name: SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**627 VERROCCHIO DR
NOKOMIS, FL 34274**Current Mailing Address:**P.O. BOX 1361
NOKOMIS, FL 34274-1631 US**FEI Number: 59-1649390****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHOMODY, CLAIRE
627 VERROCCHIO DRIVE
NOKOMIS, FL 34275 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	MORGAN, DONDUS
Address	622 SEURAT DR.
City-State-Zip:	NOKOMIS FL 34275

Title	D
Name	HABERMAN, NEIL
Address	617 MIRO CIR
City-State-Zip:	NOKOMIS FL 34275

Title	D
Name	KING, DAVID
Address	628 SEURAT DR
City-State-Zip:	NOKOMIS FL 34275

Title	P
Name	SHOMODY, CLAIRE
Address	627 VERROCCHIO
City-State-Zip:	NOKOMIS FL 34275

Title	TR
Name	GALEN, TRACY
Address	622 SEURAT DR
City-State-Zip:	NOKOMIS FL 34275

Title	SEC
Name	RYAN, RON
Address	638 VERROCCHIO DRIVE
City-State-Zip:	NOKOMIS FL 34275

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: CLAIRE SHOMODY**PRESIDENT****02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date