	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	т	Title	D
Name	MORGAN, DONDUS	Name	HABERMAN, NEIL
Address	622 SEURAT DR.	Address	617 MIRO CIR
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275
Title	D	Title	Ρ
Name	KING, DAVID	Name	SHOMODY, CLAIRE
Address	628 SEURAT DR	Address	627 VERROCCHIO
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275
Title	TR	Title	SEC
Name	GALEN, TRACY	Name	RYAN, RON
Address	622 SEURAT DR	Address	638 VERROCCHIO DRIVE

NOKOMIS, FL 34274 US

**Current Mailing Address:** 627 VERROCCHIO DR

**Current Principal Place of Business:** 

**DOCUMENT# 728505** 

ASSOCIATION, INC.

627 VERROCCHIO DR NOKOMIS, FL 34274

### FEI Number: 59-1649390

#### Name and Address of Current Registered Agent:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SORRENTO VILLAS, SECTION 6, CONDOMINIUM

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:

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

City-State-Zip: NOKOMIS FL 34275

PRESIDENT

City-State-Zip: NOKOMIS FL 34275

02/09/2013

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 09, 2013 Secretary of State CC2882234706

Certificate of Status Desired: No

Date

Date