

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728505

Entity Name: SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**617 MIRO CIRCLE
NOKOMIS, FL 34275**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:**HABERMAN, NEIL
617 MIRO CIRCLE
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: NEIL HABERMAN****03/08/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	GRIFFITH, JOAN
Address	620 LEGER DR
City-State-Zip:	NOKOMIS FL 34275

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

Title	DIRECTOR
Name	GALLAGHER, JAMES B
Address	650 CHIRICO DR
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	CARDEN, CHERI
Address	615 MIRO CIRCLE
City-State-Zip:	NOKOMIS FL 34275

Title	TREASURER
Name	SMITH, JENNIFER G
Address	609 VERROCCHIO DR
City-State-Zip:	NOKOMIS FL 34275

Title	SECRETARY
Name	VILARDO, BARBARA
Address	602 RUBENS DR
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	NELSON, DON
Address	648 MIRO CIRCLE
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: JENNIFER G SMITH**TREASURER****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date