

**2019 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****02/21/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name NELSON, DON  
Address 648 MIRO CIRCLE  
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 SECRETARY  
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 DIRECTOR  
Name NELSON, DON  
Address 648 MIRO CIRCLE  
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR  
Name WYLIE, ALAN  
Address 606 VERROCCHIO DR  
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****02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date