

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728505

Entity Name: SORRENTO VILLAS, SECTION 6, CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**648 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:**NELSON, DON
648 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: DON NELSON****03/01/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name NELSON, DON
Address 648 MIRO CIRCLE
City-State-Zip: NOKOMIS FL 34275**Title** VP
Name KING, JANET
Address 633 LEGER DRIVE
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 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****03/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date