

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769797

Entity Name: SORRENTO DOCK OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3222 DANTE DRIVE, CLUBHOUSE
NOKOMIS, FL 34275**Current Mailing Address:**P.O. BOX 190
NOKOMIS, FL 34274-0190 US**FEI Number:** 59-2319555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEBEAU, BERNADETTE
317 RUBENS 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	PRESIDENT
Name	KORINEK, DENNIS
Address	439 PICASSO DR
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	HENDZELL, THOMAS
Address	409 PICASSO DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	T
Name	LEBEAU, BERNADETTE
Address	317 RUBENS DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	VP
Name	GLANCY, MICHAEL
Address	419 PICASSO DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	SECRETARY
Name	SCHIEAR, ROSE
Address	2213 LAKEWOOD CIRCLE
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	SICILIANO, MIKE
Address	201 CAVALLINI DRIVE
City-State-Zip:	NOKOMIA FL 34275

Title	DIRECTOR
Name	MATTHEWS, RICK
Address	935 HICKS ROAD
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	CUNNINGHAM, STEVEN
Address	213 LYCHEE ROAD
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: BERNADETTE LEBEAU**TREASURER****02/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date