2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 708832

Entity Name: SORRENTO SHORES ASSOCIATION, INC.

Current Principal Place of Business:

468 SOUTH SHORE DR
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

468 SOUTH SHORE DR
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 59-1227875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASEY, THOMAS J
468 SOUTH SHORE DR
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: GLENN, DAVIS
Address: 129 TINA ISLAND DR
City-St-Zip: OSPREY, FL 34229

Title: SV ( ) Delete
Name: LEWIS, PEGGY
Address: 109 TINA ISLAND DR
City-St-Zip: OSPREY, FL 34229

Title: VPD ( ) Delete
Name: STEBNER, ED
Address: 432 SOUTH SHORE DR
City-St-Zip: OSPREY, FL 34229

Title: P ( ) Delete
Name: CASEY, THOMAS
Address: 468 SOUTH SHORE DR
City-St-Zip: OSPREY, FL 34229

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: GLENN, DAVIS
Address: 129 TINA ISLAND DR
City-St-Zip: OSPREY, FL 34229

Title: S (X) Change ( ) Addition
Name: HOLLAR, HELEN
Address: 353 MICHELANGELO DR
City-St-Zip: OSPREY, FL 34229

Title: VP (X) Change ( ) Addition
Name: STEBNER, ED
Address: 432 SOUTH SHORE DR
City-St-Zip: OSPREY, FL 34229

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: HEIJENS, PETER
Address: 525 SOUTH SHORE DR
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS J CASEY P 02/18/2009

Electronic Signature of Signing Officer or Director — Date