

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712594 (1)

1. Corporation Name
SORRENTO VILLAS ASSOCIATION, INC. (A CONDOMINIUM)



Principal Place of Business: 116A VILLA DR OSPREY FL 34229 US
Mailing Address: 116A VILLA DR OSPREY FL 34229 US

3. Date Incorporated or Qualified: 04/14/1967
3a. Date of Last Report: 02/13/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1378069	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALTER TAYLOR SORRENTO VILLAS ASSOC., INC. 116-A VILLA DRIVE OSPREY FL 34229				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	President PD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SEIGLE, STEWART P.	1.2 NAME	Robert STEIN
STREET ADDRESS	120 VILLA DRIVE	1.3 STREET ADDRESS	126 VILLA DRIVE
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	OSPREY FL 34229
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WALTER	2.2 NAME	
STREET ADDRESS	124 VILLA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	President VD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	GOMBER, TIMOTHY	3.2 NAME	HOWARD BECKER
STREET ADDRESS	119 VILLA DR.	3.3 STREET ADDRESS	122 VILLA DRIVE
CITY-ST-ZIP	OSPREY FL	3.4 CITY-ST-ZIP	OSPREY FL 34229
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200001797502
STREET ADDRESS		5.3 STREET ADDRESS	-04/29/96--01021--020
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter W Taylor WALTER W TAYLOR 4/8/96 941-484-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)