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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 712594 (1)

1. Corporation Name

SORRENTO VILLAS ASSOCIATION, INC. (A CONDOMINIUM)



Principal Place of Business

Mailing Address

116A VILLA DR
OSPREY FL 34229
US

116A VILLA DR
OSPREY FL 34229-9684
US

3. Date Incorporated or Qualified
04/14/1967

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1378069

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEIN, ROBERT
STREET ADDRESS 126 VILLA DRIVE
CITY-ST-ZIP OSPREY FL 34229

1.1 TITLE PD
1.2 NAME HOWARD BECKER
1.3 STREET ADDRESS 122 VILLA DRIVE
1.4 CITY-ST-ZIP OSPREY, FL 34229

TITLE STD
NAME TAYLOR, WALTER
STREET ADDRESS 124 VILLA DRIVE
CITY-ST-ZIP OSPREY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME BECKER, HOWARD
STREET ADDRESS 122 VILLA DR.
CITY-ST-ZIP OSPREY FL 34229

3.1 TITLE VD
3.2 NAME DOROTHY THUMME
3.3 STREET ADDRESS 111 VILLA DRIVE
3.4 CITY-ST-ZIP OSPREY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 7B if changed, or on an attachment with an address.

SIGNATURE: Walter Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/30/97
Daytime Phone # 941 484 3905

CR2E037 (9/96)