

**2000 UNIFORM BUSINESS REPORT (UBR)**

Z11

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90052 003 \*\*\*\*61.25

**DOCUMENT # 712594**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1378069**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTER TAYLOR**  
**SORRENTO VILLAS ASSOC., INC.**  
**116-A VILLA DRIVE**  
**OSPREY FL 34229**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	SEIGLE, S	
STREET ADDRESS	120 VILLA DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TAYLOR, WALTER	
STREET ADDRESS	124 VILLA DRIVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOST, D	
STREET ADDRESS	119 VILLA DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	<del>SEIGLE, S</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGLE, S	
STREET ADDRESS	120 VILLA DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY THUMME	
STREET ADDRESS	111 VILLA DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Walter Taylor **REC'D WALTER TAYLOR Sec. 2/8/2000 941 484 3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)