

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91705 036 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1378069

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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: FEE 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 **PD** Delete
 NAME **SEIGLE, S**
 STREET ADDRESS **120 VILLA DR**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **PD** Change Addition
 NAME **JAMES HARTMAN**
 STREET ADDRESS **108 VILLA DRIVE**
 CITY-ST-ZIP **OSPREY, FL 34229**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **THUMME, DOROTHY**
 STREET ADDRESS **111 VILLA DRIVE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/02 941 966 4388
 Date Daytime Phone #

CR2E037 (9/01)