



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90027 017 \*\*\*\*61.25

<b>DOCUMENT # 712594</b> 1. Entity Name <b>SORRENTO VILLAS ASSOCIATION, INC. ( A CONDOMINIUM)</b>					
Principal Place of Business <b>105 VILLA DR</b> <b>OSPREY FL 34229</b> <b>US</b>		Mailing Address <b>116A VILLA DR</b> <b>OSPREY FL 34229</b> <b>US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1378069</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				  <b>MOORE CR2E037 (11/03)</b>	
6. Name and Address of Current Registered Agent  <b>SEIGLE-STEWART</b> <b>SORRENTO VILLAS ASSOC., INC.</b> <b>116-A VILLA DRIVE</b> <b>OSPREY FL 34229</b>					
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City					
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CORL, LARRY</b> <b>127 VILLA DRIVE</b> <b>OSPREY FL 34229</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>RAY, HOOK</b> <b>105 VILLA DR</b> <b>OSPREY FL 34229</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SEIGLE-STEWART</b> <b>120 VILLA DRIVE</b> <b>OSPREY FL 34229</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DECK MASTER</b> <b>JOHN BRACY</b> <b>118 VILLA DR</b> <b>OSPREY FLORIDA 34229</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>THUMME, DOROTHY</b> <b>111 VILLA DRIVE</b> <b>OSPREY FL 34229</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JENNIE MARSALET</b> <b>100 VILLA DR</b> <b>OSPREY FL 34229</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARRY CORL</b> <b>127 VILLA DR</b> <b>OSPREY FL 34229</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICHARD COYETTE</b> <b>113 VILLA DR</b> <b>OSPREY FL 34229</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RON PALAZZI</b> <b>107 VILLA DR</b> <b>OSPREY FL 34229</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE: Dorothy A Thumme DOROTHY A THUMME (TREAS) 941 9666355</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Attachment*

*Doc# 1007/2594  
66410348*

SORRENTO VILLAS, SECTION ONE,

Located at 116A Villa Drive  
Osprey, Florida 34229

Please be advised the following is a list of officers/directors that are on the board of this association:

President: Ray Hooks, 105 Villa Drive, Osprey, Florida 34229

Vice President: Ron Palazzi, 107 Villa Drive, Osprey, Florida 34229

Assistant Vice President: Larry Corl, 127 Villa Drive, Osprey, Florida 34229

Treasurer: Dorothy A. Thumme, 111 Villa Drive, Osprey, Florida 34229

Secretary: Jennie L. Marsalek, 106 Villa Drive, Osprey, Florida 34229

Assistant Secretary: Richard Goyette, 113 Villa Drive, Osprey, Florida 34229

Dock Master: John Gracy, 118 Villa Drive, Osprey, Florida 34229

The above submitted per your request of April 15, 2004.

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