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May 14 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 # 713919 (9)

1. Corporation Name

SORRENTO VILLAS, SECTION 2 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

205 TINA ISLAND DR.  
OSPREY FL 34229-9169

205 TINA ISLAND DR.  
OSPREY FL 34229-9161

3. Date Incorporated or Qualified  
01/11/1968

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-1663031

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIGGS, ANNE L.  
205 TINA ISLAND DR.  
OSPREY FL 34229

81 Name

*Same*

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 P  DELETE  
NAME LONG, DONALD H.  
STREET ADDRESS 207 TINA ISLAND DR.  
CITY-ST-ZIP OSPREY FL 34229

1.1 TITLE  Change  Addition  
1.2 NAME *Same*  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME STUCKEY, LUTHER  
STREET ADDRESS 204 VILLA DR.  
CITY-ST-ZIP OSPREY FL 34229

2.1 TITLE  Change  Addition  
2.2 NAME *Same*  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST  DELETE  
NAME BRIGGS, ANNE L.  
STREET ADDRESS 205 TINA ISLAND DRIVE  
CITY-ST-ZIP OSPREY FL 34229

3.1 TITLE  Change  Addition  
3.2 NAME *Same*  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LONG, LINDA  
STREET ADDRESS 207 TINA ISLAND DR.  
CITY-ST-ZIP OSPREY FL 34229

4.1 TITLE  Change  Addition  
4.2 NAME *Same*  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME STANLEY, SHERM  
STREET ADDRESS 211 VILLA DRIVE  
CITY-ST-ZIP OSPREY FL

5.1 TITLE  Change  Addition  
5.2 NAME *Same*  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BRIGGS, KENNETH L.  
STREET ADDRESS 205 TINA ISLAND DR.  
CITY-ST-ZIP OSPREY FL 34229

6.1 TITLE  Change  Addition  
6.2 NAME *Same*  
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 13 if changed, or on an attachment with an address.

ANNE L. BRIGGS

CR2E037 (9/96)