


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: **305 TINA ISLAND DR. OSPREY FL 34229-9169**  
 Mailing Address: **305 TINA ISLAND DR. OSPREY FL 34229-9169**

3. Date Incorporated or Qualified: **01/11/1968**  
 4. FEI Number: **59-1663031**  
 Applied For:  Not Applicable

2. Principal Place of Business: **21 Same**  
 2a. Mailing Address: **26 Same**  
 Suite, Apt. #, etc.: **22**  
 Suite, Apt. #, etc.: **27**  
 City & State: **23**  
 City & State: **28**  
 Zip: **24**  
 Country: **25**  
 Zip: **29**  
 Country: **30**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BRIGGS, ANNE L.**  
**205 TINA ISLAND DR.**  
**OSPREY FL 34229**

10. Name and Address of New Registered Agent  
 81 Name: **Anne L.**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<b>LONG, DONALD H.</b> 207 TINA ISLAND DR. OSPREY FL 34229	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>President</b> 1.2 NAME: <b>Stanley, Sherman</b> 1.3 STREET ADDRESS: <b>211 Villa Dr.</b> 1.4 CITY-ST-ZIP: <b>Osprey, FL 34229</b>
TITLE: <b>V</b>	<b>STUCKEY, LUTHER</b> 204 VILLA DR. OSPREY FL 34229	<input type="checkbox"/> DELETE	2.1 TITLE: <b>V. President</b> 2.2 NAME: <b>Stuckey, Luther</b> 2.3 STREET ADDRESS: <b>204 Villa Dr.</b> 2.4 CITY-ST-ZIP: <b>Osprey, FL 34229</b>
TITLE: <b>ST</b>	<b>BRIGGS, ANNE L.</b> 205 TINA ISLAND DRIVE OSPREY FL 34229	<input type="checkbox"/> DELETE	3.1 TITLE: <b>Sec/Treas.</b> 3.2 NAME: <b>Briggs, Anne L.</b> 3.3 STREET ADDRESS: <b>205 Tina Island Dr.</b> 3.4 CITY-ST-ZIP: <b>Osprey, FL 34229</b>
TITLE: <b>D</b>	<b>LONG, LINDA</b> 207 TINA ISLAND DR. OSPREY FL 34229	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <b>Director</b> 4.2 NAME: <b>Patterson, Mary Jo</b> 4.3 STREET ADDRESS: <b>248 Miami Ave. N.</b> 4.4 CITY-ST-ZIP: <b>Venue, FL 34285</b>
TITLE: <b>D</b>	<b>STANLEY, SHERM</b> 211 VILLA DRIVE OSPREY FL	<input type="checkbox"/> DELETE	5.1 TITLE: <b>Director</b> 5.2 NAME: <b>Stam, Frederick</b> 5.3 STREET ADDRESS: <b>1103 O'Brien Place</b> 5.4 CITY-ST-ZIP: <b>Mohonas, FL 34275</b>
TITLE: <b>D</b>	<b>BRIGGS, KENNETH L.</b> 205 TINA ISLAND DR. OSPREY FL 34229	<input type="checkbox"/> DELETE	6.1 TITLE: <b>Director</b> 6.2 NAME: <b>Briggs, Kenneth L.</b> 6.3 STREET ADDRESS: <b>205 Tina Island Dr.</b> 6.4 CITY-ST-ZIP: <b>Osprey, FL 34229</b>

1.1 TITLE: **President**  Change  Addition  
 1.2 NAME: **Stanley, Sherman**  
 1.3 STREET ADDRESS: **211 Villa Dr.**  
 1.4 CITY-ST-ZIP: **Osprey, FL 34229**  
 2.1 TITLE: **V. President**  Change  Addition  
 2.2 NAME: **Stuckey, Luther**  
 2.3 STREET ADDRESS: **204 Villa Dr.**  
 2.4 CITY-ST-ZIP: **Osprey, FL 34229**  
 3.1 TITLE: **Sec/Treas.**  Change  Addition  
 3.2 NAME: **Briggs, Anne L.**  
 3.3 STREET ADDRESS: **205 Tina Island Dr.**  
 3.4 CITY-ST-ZIP: **Osprey, FL 34229**  
 4.1 TITLE: **Director**  Change  Addition  
 4.2 NAME: **Patterson, Mary Jo**  
 4.3 STREET ADDRESS: **248 Miami Ave. N.**  
 4.4 CITY-ST-ZIP: **Venue, FL 34285**  
 5.1 TITLE: **Director**  Change  Addition  
 5.2 NAME: **Stam, Frederick**  
 5.3 STREET ADDRESS: **1103 O'Brien Place**  
 5.4 CITY-ST-ZIP: **Mohonas, FL 34275**  
 6.1 TITLE: **Director**  Change  Addition  
 6.2 NAME: **Briggs, Kenneth L.**  
 6.3 STREET ADDRESS: **205 Tina Island Dr.**  
 6.4 CITY-ST-ZIP: **Osprey, FL 34229**

14. 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 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.

SIGNATURE: \_\_\_\_\_ DATE: **4/28/98** DAYTIME PHONE: **941-966-3194**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ANNE L. BRIGGS**

CR2E037 (10/97)