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NONPROFIT CORPORATION ANNUAL REPORT 1999

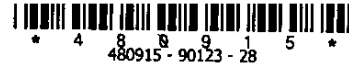


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713919

1. Corporation Name

SORRENTO VILLAS, SECTION 2 ASSOCIATION, INC.



Principal Place of Business

205 TINA ISLAND DR.
 OSPREY FL 34229-9169

Mailing Address

205 TINA ISLAND DR.
 OSPREY FL 34229-9169



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/11/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1663031

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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 STANLEY, SHERMAN
 STREET ADDRESS 211 VILLA DR
 CITY-ST-ZIP OSPREY FL 34229

1.1 TITLE Change Addition
 1.2 NAME PETER WENNER
 1.3 STREET ADDRESS 206 TINA ISLAND DR.
 1.4 CITY-ST-ZIP OSPREY, FL 34229

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 V STEPHEN OSBORNE
 2.3 STREET ADDRESS 207 TINA ISLAND DR
 2.4 CITY-ST-ZIP OSPREY, FL 34229

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 PATTISON, MARY JO
 STREET ADDRESS 248 MIAMI AVE W
 CITY-ST-ZIP VENICE FL 34285

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

TITLE D DELETE
 NAME KRANZ, FREDERICK
 STREET ADDRESS 1103 DORIAN PLACE
 CITY-ST-ZIP NOKOMIS FL 34275

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Anne L. Briggs

4/27/99

941-966-3194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)