


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 004 ****61.25

DOCUMENT # 713919 1. Entity Name SORRENTO VILLAS, SECTION 2 ASSOCIATION, INC.					
Principal Place of Business 274 PEEKSKILL HOLLOW RD. DELETE PUTNAM VALLEY, NY 10579			Mailing Address 274 PEEKSKILL HOLLOW RD. DELETE PUTNAM VALLEY, NY 10579		
2. Principal Place of Business - No P.O. Box # 205 TINA ISLAND DRIVE Suite, Apt. #, etc.			3. Mailing Address 205 TINA ISLAND DRIVE Suite, Apt. #, etc.		
City & State OSPREY, FLORIDA Zip 34229			City & State OSPREY, FLORIDA Zip 34229		
Country USA			Country USA		
4. FEI Number 59-1663031			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOCHER, WILLIAM 209 VILLA DR. OSPREY, FL 34229			7. Name and Address of New Registered Agent Name KENNETH L. BRIGGS Street Address (P.O. Box Number is Not Acceptable) 205 TINA ISLAND DRIVE City OSPREY		
State FL			Zip Code 34229		
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 <u><i>Kenneth Briggs</i></u> DATE <u>5/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILTON, RON 151 STRAND WAY WINTHROP, MA 02152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGGS, ANNE 205 TINA ISLAND DR OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATTISON, MARIO 248 MIAMI AVENUE WEST VENICE, FLORIDA 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCHER, WILLIAM 209 VILLA DR. OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRIGGS, KENNETH 205 TINA ISLAND DRIVE OSPREY, FLORIDA 34229	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, SHERMAN BOX 68 MONHEGAN, ME 04852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACE, THOMAS 202 VILLA DRIVE OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Kenneth L. Briggs</i></u> KENNETH L. BRIGGS DATE <u>5/30/2008</u> DAYTIME PHONE # <u>941-966-3194</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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