

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715051 (9)

1. Corporation Name
SORRENTO VILLAS, SECTION 3, ASSOCIATION, INC, (A CONDOMINIUM)



Principal Place of Business Mailing Address
P. O. BOX 306 NOKOMIS FL 34274-0306 P. O. BOX 306 NOKOMIS FL 34274-0306

3. Date Incorporated or Qualified 08/01/1968 3a. Date of Last Report 03/02/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1898230	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SOLBERG, BERNARD F., JR.
320 DANTE DRIVE
SORRENTO VILLAS SECTION III
NOKOMIS FL 34275

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	D NILLES, FRED <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	330 DANTE DR	1.2 NAME	ANDERS ROBERT
STREET ADDRESS	NOKOMIS FL	1.3 STREET ADDRESS	325 DANTE DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NOKOMIS, FL. 34275
TITLE	PD SOLBERG, BERNARD F., JR. <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	320 DANTE DRIVE	2.2 NAME	
STREET ADDRESS	NOKOMIS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD CHRISTY, HOWARD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	317 DANTE DRIVE	3.2 NAME	
STREET ADDRESS	NOKOMIS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD HARVEY, ASEL <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	327 DANTE DRIVE	4.2 NAME	
STREET ADDRESS	NOKOMIS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SINGER, ELOISE <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	323 DANTE DRIVE	5.2 NAME	
STREET ADDRESS	NOKOMIS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3/18/96 (941) 966-7019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)