

**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 <b>59-1898230</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NILLES, FRED</b>	1.2 NAME	<b>ANDERS ROBERT</b>
STREET ADDRESS	<b>330 DANTE DR</b>	1.3 STREET ADDRESS	<b>320 DANTE DR</b>
CITY-ST-ZIP	<b>NOKOMIS FL</b>	1.4 CITY-ST-ZIP	<b>NOKOMIS, FL. 34275</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLBERG, BERNARD F., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>320 DANTE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTY, HOWARD</b>	3.2 NAME	
STREET ADDRESS	<b>317 DANTE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARVEY, ASEL</b>	4.2 NAME	
STREET ADDRESS	<b>327 DANTE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGER, ELOISE</b>	5.2 NAME	
STREET ADDRESS	<b>323 DANTE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)