

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715051 (9)

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



Principal Place of Business P. O. BOX 306 NOKOMIS FL 34274-0306	Mailing Address P. O. BOX 306 NOKOMIS FL 34274-0306
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3. Date Incorporated or Qualified 08/01/1968	3a. Date of Last Report 03/21/1996
4. FEI Number 59-1898230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. 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

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, RUEBERT	1.2 NAME	D
STREET ADDRESS	328 DANTE DR	1.3 STREET ADDRESS	JOHN BROWNING
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	321 DANTE DR
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLBERG, BERNARD F., JR.	2.2 NAME	
STREET ADDRESS	320 DANTE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTY, HOWARD	3.2 NAME	
STREET ADDRESS	317 DANTE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ASEL	4.2 NAME	
STREET ADDRESS	327 DANTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ELOISE	5.2 NAME	
STREET ADDRESS	323 DANTE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WOOLNEY	6.2 NAME	
STREET ADDRESS	301 DANTE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS, FL 34257	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

ASEL W HARVEY

CR2E037 (9/96)