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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 715051

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/01/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1898230

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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

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 DELETE
 NAME **D ANDERS, ROBERT**
 STREET ADDRESS **328 DANTE DR**
 CITY-ST-ZIP **NOKOMIS FL**

1.1 TITLE Change Addition
 1.2 NAME **DIRECTOR**
 1.3 STREET ADDRESS **NORMAN RICHARDSON**
 1.4 CITY-ST-ZIP **316 DANTE DR.**
NOKOMIS, FL. 34275

TITLE DELETE
 NAME **PD SOLBERG, BERNARD F., JR.**
 STREET ADDRESS **320 DANTE DRIVE**
 CITY-ST-ZIP **NOKOMIS FL**

2.1 TITLE Change Addition
 2.2 NAME **DIRECTOR**
 2.3 STREET ADDRESS **JAMES LAVELLE**
 2.4 CITY-ST-ZIP **317 DANTE DR.**
NOKOMIS, FL. 34275

TITLE DELETE
 NAME **VD CHRISTY, HOWARD**
 STREET ADDRESS **317 DANTE DRIVE**
 CITY-ST-ZIP **NOKOMIS FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TD HARVEY, ASEL**
 STREET ADDRESS **327 DANTE DRIVE**
 CITY-ST-ZIP **NOKOMIS FL**

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

TITLE DELETE
 NAME **D SINGER, ELOISE**
 STREET ADDRESS **323 DANTE DRIVE**
 CITY-ST-ZIP **NOKOMIS FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D WOOLNEY, ROBERT**
 STREET ADDRESS **301 DANTE DR**
 CITY-ST-ZIP **NOKOMIS FL**

6.1 TITLE Change Addition
 6.2 NAME
 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:

ASSET WITH HARRIS REQUIRED

Asel Harvey 5/9/99 (941) 966-2019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)