

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90061 007 ****70.00

DOCUMENT # 715051

1. Entity Name

SORRENTO VILLAS, SECTION 3, ASSOCIATION, INC. (A

Principal Place of Business

Mailing Address

P. O. BOX 306
 NOKOMIS FL 34274-0306

P. O. BOX 306
 NOKOMIS FL 34274-0306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1898230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired -

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
LOUISE M. LAVELLE

Street Address (P.O. Box Number is Not Acceptable)
317 Dante Dr.

SORRENTO VILLAS SECT: III ASSOCIATION

City
NOKOMIS, FL. **FL** Zip Code
34275

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.

SIGNATURE *Louise M. Lavelle* 9/5/00 **LOUISE M. LAVELLE, PRES.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERS, ROBERT	
STREET ADDRESS	328 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOLBERG, BERNARD F., JR.	
STREET ADDRESS	320 DANTE DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, NORMAN	
STREET ADDRESS	316 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARVEY, ASEL	
STREET ADDRESS	327 DANTE DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, ELOISE	
STREET ADDRESS	323 DANTE DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOLNEY, ROBERT	
STREET ADDRESS	301 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowen, Ralph	
STREET ADDRESS	471 Picasso Dr.	
CITY-ST-ZIP	Nokomis, FL. 34275	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gineo, Charlene	
STREET ADDRESS	310 Dante Dr.	
CITY-ST-ZIP	Nokomis, FL. 34275	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE LAVELLE	
STREET ADDRESS	317- Dante Dr.	
CITY-ST-ZIP	Nokomis, FL. 34275	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN RIORDAN	
STREET ADDRESS	329 DANTE DR.	
CITY-ST-ZIP	NOKOMIS, FL. 34275	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nillis, Fred	
STREET ADDRESS	330 Dante Dr.	
CITY-ST-ZIP	Nokomis, FL. 34275	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jolley, Rita	
STREET ADDRESS	315 DANTE DR.	
CITY-ST-ZIP	Nokomis, FL. 34275	

12. 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 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: *ASEL W. HARVEY* 9/5/00 **ASEL W. HARVEY, TREAS. (941) 966-7019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)