

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90034 040 ****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

Zip

Country

Zip

Country

4. FEI Number **59-1898230**

Applied For

Not Applicable

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

LAVELLE, LOUISE M
317 DANTE DRIVE
SORRENTO VILLAS SECTION III
NOKOMIS FL 34275

Name **JOLLEY, RITA**
 Street Address (P.O. Box Number is Not Acceptable) **315 DANTE DR.**
SORRENTO VILLAS SECTION III
 City **NOKOMIS, FL.** Zip Code **FL 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 RITA M. JOLLEY - PRESIDENT

Rita M. Jolley 04/19/01

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

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

TITLE NAME	D BOWEN, RALPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	308 DANTE DR.	
CITY-ST-ZIP	NOKOMIS, FL. 34275	
TITLE NAME	PD JOLLEY, RITA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	315 DANTE DR.	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE NAME	D NYE, FRANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	319 DANTE DR.	
CITY-ST-ZIP	NOKOMIS, FL. 34275	
TITLE NAME	D Mc KENZIE, W.B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	209 BLACKBURN RD	
CITY-ST-ZIP	NOKOMIS, FL. 34275	
TITLE NAME	D WOOLNEY, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL	

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**

Asel W. Harvey 4/18/01

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)