

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2002 8:00 am**
Secretary of State

03-26-2002 90093 010 ****70.00

DOCUMENT # 715051

1. Entity 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**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOLLEY, RITA
315 DANTE DR
SORRENTO VILLAS SECTION III
NOKOMIS FL 34275**

Name

Bowen, Ralph

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

308 Dante Dr**Sorrento Villas Section III**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02**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 **D** ☐ Delete
NAME **BOWEN, RALPH**
STREET ADDRESS **308 DANTE DR**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE **PD** ☒ Change ☐ Addition
NAME **Bowen, Ralph**
STREET ADDRESS **308 Dante Dr.**
CITY-ST-ZIP **NOKOMIS, FL. 34275**TITLE **PD** ☒ Delete
NAME **JOLLEY, RITA**
STREET ADDRESS **315 DANTE DR**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE **D** ☒ Change ☐ Addition
NAME **CHARLOTTE, LOLA**
STREET ADDRESS **306 DANTE DR.**
CITY-ST-ZIP **NOKOMIS, FL. 34275**TITLE **D** ☐ Delete
NAME **NYE, FRANK**
STREET ADDRESS **319 DANTE DR**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **HARVEY, ASEL**
STREET ADDRESS **327 DANTE DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCKENZIE, W**
STREET ADDRESS **209 BLACKBURN RD**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CHARLENE, GINEO**
STREET ADDRESS **310 DANTE DR.** ADDITION
CITY-ST-ZIP **NOKOMIS, FL 34275**TITLE **SD** ☐ Change ☒ Addition
NAME **GINEO, CHARLENE**
STREET ADDRESS **310 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/02 (941) 966-2556

CR2E037 (9/01)