2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # 715051 1. Entity Name SORRENTO VILLAS, SECTION 3, ASSOCIATION, INC.								04-11-2	005 90	0171 0	49 ****6	1.25
P. O. BOX 306			Mailing Address P. O. BOX 306 NOKOMIS, FL 34274-0306								3550	
3 Principal P	Inco of Rusiness	2 Maili	ing Address									
2. Principal Place of Business		J. IVIDA	3. Mailing Address					11881 611Q 8818) A		IIT ETEN ENET	A MINIA MINIA MIN	MAI BI (BB)
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				04012005	Chg-NP	(CR2E03	7 (10/03)	
City & State		Cit	City & State			4. FEI Number Applied F 59-1898230 Not Applie					plied For t Applicable	
Zip	Country		Zip Co		untry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Curr	ent Registere	d Agent				7. Name and	Address of N	lew Regi		<u> </u>	
CINEO CI	_				Name							
GINEO, CHARLENE 310 DANTE DR. NOKOMIS, FL 34275					Street A	ddress (P	O. Box Numbe	r is Not Acce	ptable)			
					City						Zip Cod	
·					City					FL	`	
	named entity submits this statemer ions of registered agent.						<u> </u>	h, in the State	of Florid		amiliar with,	and accept
	Signature, typed or printed name of registered a	aged to be to seco										
	organization type of prince in the second of	agent and title in app	ilicable. (NOTE	:: Registere	o Agent alginati	ure required v	when reinstating)			DATE		
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Carr Trust Fund C	npaign	inancing—		\$5:00 May B Added to Fees		Florida	e check Depart	payable t	tate *
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND		9. Election Carr Trust Fund C	npaign F Contribut	inancing—		\$5:00 May B Added to Fees DDITIONS/CH/		Florida	e check Depart	RECTORS IN	10
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12. I hereby certify that the information supplied with this filling 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
ALVIN N. GORDON

4-7-05 Date 941-966-5227

Daytime Phone #