


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 005 ****61.25

DOCUMENT # 715051
 1. Entity Name
SORRENTO VILLAS, SECTION 3, ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P. O. BOX 306 P. O. BOX 306
 NOKOMIS FL 34274-0306 NOKOMIS FL 34274-0306



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

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

6. Name and Address of Current Registered Agent
GINEO, CHARLENE
310 DANTE DR.
NOKOMIS FL 34275

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Charlene Gineo DATE 2/22/06
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TUTTLE, JEAN	
STREET ADDRESS	317 DANTE DR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NYE, FRANK	
STREET ADDRESS	319 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, ASE	
STREET ADDRESS	327 DANTE DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, W	
STREET ADDRESS	209 BLACKBURN RD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GINEO, CHARLENE	
STREET ADDRESS	310 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORDON, ALVIN N	
STREET ADDRESS	315 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Carolyn Whittington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS	329 Dante Dr	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	Robert Hatton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	318 Dante Dr	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charlene Gineo DATE: 2/22/06 PHONE: 941-485-2663