

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

P. O. BOX 306
NOKOMIS FL 34274-0306

Mailing Address

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

1st MOORE

CR2E037 (10/05)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/06

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 ☒ Delete
NAME TUTTLE, JEAN
STREET ADDRESS 317 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 D ☐ Delete
NAME HARVEY, ASEL
STREET ADDRESS 327 DANTE DRIVE
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D ☐ Delete
NAME MCKENZIE, W
STREET ADDRESS 209 BLACKBURN RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE PD ☐ Delete
NAME GINEO, CHARLENE
STREET ADDRESS 310 DANTE DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE TD ☐ 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* ☐ Change ☒ Addition
NAME *SD*
STREET ADDRESS *329 Dante Dr*
CITY-ST-ZIP *Nokomis, FL 34275*

TITLE *Robert Hatton* ☐ Change ☒ Addition
NAME *D*
STREET ADDRESS *318 Dante Dr*
CITY-ST-ZIP *Nokomis, FL 34275*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

2/22/06 941-485-2663