


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

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

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| Principal Place of Business P. O. BOX 306 NOKOMIS, FL 34274-0306 | Mailing Address P. O. BOX 306 NOKOMIS, FL 34274-0306 |
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DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

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|---|-------------------------------|
| 4. FEI Number 59-1898230 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GINEO, CHARLENE
 310 DANTE DR.
 NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, when completed, must be registered agent's written name and address. (NOTE: Registered Agent registration required when changing)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WHITTINGTON, CAROLYN 329 DANTE DR NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HATTON, ROBERT 318 DANTE DRIVE NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARVEY, ASEEL 327 DANTE DRIVE NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCKENZIE, W 209 BLACKBURN RD NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GINEO, CHARLENE 310 DANTE DR NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GORDON, ALVIN N 315 DANTE DR NOKOMIS, FL 34275 |

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 01/14/08-80003-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Alvin Gordon Alvin Gordon 1-7-08 941-587-3579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing