

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715051

FILED
Jan 07, 2009
Secretary of State

Entity Name: SORRENTO VILLAS, SECTION 3, ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 306
NOKOMIS, FL 342740306

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 306
NOKOMIS, FL 342740306

New Mailing Address:

FEI Number: 59-1898230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINEO, CHARLENE
310 DANTE DR.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WHITTINGTON, CAROLYN
Address: 329 DANTE DR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HATTON, ROBERT
Address: 318 DANTE DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Delete
Name: HARVEY, ASELE
Address: 327 DANTE DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: MCKENZIE, W
Address: 209 BLACKBURN RD
City-St-Zip: NOKOMIS, FL 34275

Title: PD () Delete
Name: GINEO, CHARLENE
Address: 310 DANTE DR
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: GORDON, ALVIN N
Address: 315 DANTE DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HATTON

Electronic Signature of Signing Officer or Director

T

01/07/2009

Date