

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715051

FILED
Jan 23, 2010
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:

322 DANTE DRIVE
NOKOMIS, FL 34275

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:

ATZ, WILLIAM
322 DANTE DR.
NOKOMIS, FL 34275 US

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: WILLIAM A ATZ

01/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: ATZ, WILLIAM
Address: 322 DANTE DR
City-St-Zip: NOKOMIS, FL 34275

Title: PRES
Name: GINEO, CHARLENE
Address: 310 DANTE DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: DIR
Name: MCKENZIE, W
Address: 209 BLACKBURN RD
City-St-Zip: NOKOMIS, FL 34275

Title: DIR
Name: GORDON, JALVIN
Address: 315 DANTE DR
City-St-Zip: NOKOMIS, FL 34275

Title: DIR
Name: GORDON, ALVIN N
Address: 315 DANTE DR
City-St-Zip: NOKOMIS, FL 34275

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A ATZ

TREA

01/23/2010

Electronic Signature of Signing Officer or Director

Date