

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715051

FILED  
Feb 17, 2012  
Secretary of State

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

**Current Principal Place of Business:**

322 DANTE DRIVE  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 306  
NOKOMIS, FL 34274 US

**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:**

ATZ, WILLIAM A  
322 DANTE DRIVE  
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: TREA  
Name: ATZ, WILLIAM A  
Address: 322 DANTE DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: PRES  
Name: FINKELSTEIN, MARYANNE  
Address: 311 DANTE DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: SEC  
Name: ATZ, SARA E  
Address: 322 DANTE DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: DIR  
Name: MASSEY, GLEN  
Address: 319 DANTE DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: DIR  
Name: DEKEYREL, RICHARD  
Address: 326 DANTE DRIVE  
City-St-Zip: NOKOMIS, FL 34275

Title: DIR  
Name: BROWN, JEAN  
Address: 320 DANTE DRIVE  
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

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date