

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90212 023 ****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

4. FEI Number **59-1898230**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOWEN, RALPH
308 DANTE DR
SORRENTO VILLAS SECTION III
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name **GINEO, CHARLENE**
Street Address (P.O. Box Number is Not Acceptable)
310 Dante Dr
Nokomis, Fl. 34275
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.

PD

SIGNATURE **GINEO, CHARLENE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, RALPH	
STREET ADDRESS	308 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLOTTE, LOLA	
STREET ADDRESS	306 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NYE, FRANK	
STREET ADDRESS	319 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARVEY, ASEL	
STREET ADDRESS	327 DANTE DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, W	
STREET ADDRESS	209 BLACKBURN RD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SDx PD	<input type="checkbox"/> Delete
NAME	GINEO, CHARLENE	
STREET ADDRESS	310 DANTE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuttle, Jean	
STREET ADDRESS	317 Dante Dr.	
CITY-ST-ZIP	Nokomis Fl. 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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**

4/8/03

CR2E037 (10/02)