

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718524 (2)
1. Corporation Name

SORRENTO VILLAS SECTION 4 ASSOCIATION, INC

Principal Place of Business Mailing Address
422 Courbet Drive 422 Courbet Drive
Nokomis, Fl. 34275 Nokomis, Fl. 34275

3. Date Incorporated or Qualified 05/15/1970
3a. Date of Last Report 2/27/96
4. FEI Number 59-1912526 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 444 Botticelli Pl. 26 444 Botticelli Pl.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Nokomis, Fl 28 Nokomis, Fl
Zip Country Zip Country
24 34275 25 34275 29 34275 30

9. Name and Address of Current Registered Agent
Ramona Thomson
422 Courbet Dr.
Nokomis, Fl. 34275

10. Name and Address of New Registered Agent
81 Name Dora M Markle
82 Street Address (P.O. Box Number is Not Acceptable) 444 Botticelli Pl.
83
84 City Nokomis, FL 85 Zip Code 34275

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DORA MARKLE Secretary/Treasurer Dora Markle DATE: 2/18/97
NOTE: Registered Agent signature required when relating.

12. OFFICERS AND DIRECTORS DELETE

TITLE	P	<input type="checkbox"/> DELETE
NAME	LeRoy Markle	
STREET ADDRESS	444 Botticelli Pl.	
CITY- ST- ZIP	Nokomis, Fl 34275	<input type="checkbox"/> DELETE
TITLE	V.	<input type="checkbox"/> DELETE
NAME	David Kovac	
STREET ADDRESS	402 Oxford Dr.	
CITY- ST- ZIP	Nokomis, Fl. 34275	<input checked="" type="checkbox"/> DELETE
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	Ramona Thomson	
STREET ADDRESS	422 Courbet Dr.	
CITY- ST- ZIP	Nokomis, FL. 34275	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jack Barnes	
STREET ADDRESS	421 Courbet Dr.	
CITY- ST- ZIP	Nokomis, Fl. 34275	<input type="checkbox"/> DELETE
TITLE	D.	<input type="checkbox"/> DELETE
NAME	Joanne Raszmann	
STREET ADDRESS	425 Veronese Dr.	
CITY- ST- ZIP	Nokomis, Fl. 34275	<input type="checkbox"/> DELETE
TITLE	D.	<input type="checkbox"/> DELETE
NAME	Mary Sawyer	
STREET ADDRESS	415 Courbet Dr.	
CITY- ST- ZIP	Nokomis, Fl. 34275	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Margot Vernet	
1.3 STREET ADDRESS	435 Botticelli Dr.	
1.4 CITY- ST- ZIP	Nokomis, Fl. 34275	
2.1 TITLE	D. Claire Marinaccio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Claire Marinaccio	
2.3 STREET ADDRESS	429 Veronese Dr.	
2.4 CITY- ST- ZIP	Nokomis, Fl. 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dora Markle	
3.3 STREET ADDRESS	422 Botticelli Pl.	
3.4 CITY- ST- ZIP	Nokomis, Fl. 34275	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	600002096356	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/25/97--01034--020	
6.3 STREET ADDRESS	***61.25	
6.4 CITY- ST- ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *LeRoy Markle* DATE: 2/18/97 DAYTIME PHONE: 941-966-5241
LEROY MARKLE

CR2E037 (9/96)