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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

2. Principal Place of Business 2a. Mailing Address  
21 444 Botticelli Pl. 26 444 Botticelli Pl.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1912526  
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Nokomis, Fl 28 Nokomis, Fl  
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 34275 25 34275 29 34275 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ramona Thomson  
422 Courbet Dr.  
Nokomis, Fl. 34275

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 2/18/97  
NOTE: Registered Agent signature required when relating.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>
2.2 NAME	Claire Marinaccio		
2.3 STREET ADDRESS	429 Veronese Dr.		
2.4 CITY-ST-ZIP	Nokomis, Fl. 34275		
3.1 TITLE	S/T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	600002096356	<input type="checkbox"/>	<input type="checkbox"/>
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 2/18/97 941-966-5241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LEROY MARKLE  
Date Daytime Phone #

CR2E037 (9/96)