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FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 422 COURBET DRIVE NOKOMIS FL 34275
Mailing Address: 422 COURBET DRIVE NOKOMIS FL 34275

3. Date Incorporated or Qualified: 05/15/1970
4. FEI Number: 59-1912526
Applied For: Not Applicable:

2. Principal Place of Business: 444 Botticelli Pl, Nokomis, FL 34275
2a. Mailing Address: 444 Botticelli Pl, Nokomis, FL 34275

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: MARKLE, DORA M. 444 BOTTICELLI PL NOKOMIS FL 34275

10. Name and Address of New Registered Agent: 01 Name, 02 Street Address, 03, 04 City, 05 Zip Code

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 DATE: 3/10/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARKLE, LEROY	
STREET ADDRESS	444 BOTTICELLI PL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERNET, MARGOT	
STREET ADDRESS	435 BOTTICELLI	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOVAC, DAVID	
STREET ADDRESS	402 OXFORD DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RASZMANN, JOANNE	
STREET ADDRESS	425 VERONESE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, JACK	
STREET ADDRESS	421 COURBET DR.	
CITY-ST-ZIP	NOKOMIS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWYER, MARY	
STREET ADDRESS	415 CORBET DR	
CITY-ST-ZIP	NOKOMIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: 3/10/98 941-966-5241

CR2E037 (10/97)

ADDITIONAL OFFICERS

Block 12

D
Laura Kovac
402 Oxford Dr.
Nokomis, Fl.

D
Claire Marinaccio
429 Veronese Dr.
Nokomis, Fl.

S/T
Dora Markle
444 Botticelli Pl.
Nokomis, Fl.