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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 718524

1. Corporation Name

SORRENTO VILLAS SECTION 4, ASSOCIATION, INC.

Principal Place of Business

Mailing Address

444 BOTTICELLI PL
 NOKOMIS FL 34275
 US

444 BOTTICELLI PL
 NOKOMIS FL 34275
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/15/1970

22 City & State

27 City & State

4. FEI Number
59-1912526

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKLE, DORA M.
444 BOTTICELLI PL
NOKOMIS FL 34275

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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*

DORA MARKLE

2/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> DELETE
NAME	RASZMANN, JOANNE	
STREET ADDRESS	425 VERONESE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, JACK	
STREET ADDRESS	421 COURBET DR.	
CITY-ST-ZIP	NOKOMIS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAWYER, MARY	
STREET ADDRESS	415 CORBET DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOVAC, LAURA	
1.3 STREET ADDRESS	402 Oxford	
1.4 CITY-ST-ZIP	Nokomis, FL 34275	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VERNET, MARGOT	
2.3 STREET ADDRESS	435 BOTTICELLI	
2.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOFFMAN JOANN	
3.3 STREET ADDRESS	425 VERONESE DR	
3.4 CITY-ST-ZIP	NOKOMIS FL 34275	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES EAGER	
4.3 STREET ADDRESS	422CORBET	
4.4 CITY-ST-ZIP	NOKOMIS FL 34275	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAWN HIRTER	
5.3 STREET ADDRESS	409 OXFORD	
5.4 CITY-ST-ZIP	NOKOMIS FL 34275	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CLAIRE MARINACCIO	
6.3 STREET ADDRESS	429 BOTTICELLI DR	
6.4 CITY-ST-ZIP	NOKOMIS FL 34275	

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, with all other like empowered.

SIGNATURE:

LEROY MARKLE **MARKLE** **2/10/99** **941-966-5241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)