

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724544 (2)

1. Corporation Name
SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 342 NOKOMIS FL 34275
Mailing Address: P.O. BOX 342 NOKOMIS FL 34275

3. Date Incorporated or Qualified: 10/13/1972
3a. Date of Last Report: 01/23/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1651072	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HOLROYD, JR. FRANK J. 1900 MAIN BLDG. SARASOTA FL		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	CLARK, MARY 513 MODIGLIANI DR NOKOMIS FL	1.1 TITLE: Millard, Eunice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD	DOWNING, RICHARD C 529 MODIGLIANI DR NOKOMIS FL	1.2 NAME: 540 Villa Park Dr.	
TITLE: D	BOULIS, JOSEPH 539 MIRO CIR NOKOMIS, FL 00000	1.3 STREET ADDRESS: Nokomis, FL 34275	
TITLE: D	CARPENTER, LOUIS 534 MIRO CIR NOKOMIS, FL 00000	1.4 CITY - ST - ZIP:	
TITLE: D	GRIMM, RICHARD 525 MIRO CIR NOKOMIS, FL 00000	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	ENGELMANN, HERBERT 517 ROUSSEAU DR NOKOMIS, FL 00000	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY - ST - ZIP:	
		3.1 TITLE: Boublis, Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY - ST - ZIP:	
		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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY - ST - ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: R. C. Downing Jan. 19, 1996 941-966-4969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: R. C. Downing, Treasurer

CR2E037 (12/95)