

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34274-0342
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3. Date Incorporated or Qualified 10/13/1972	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1651072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**HOLROYD, JR. FRANK J.
1900 MAIN BLDG.
SARASOTA FL**

10. Name and Address of New Registered Agent
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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLARD, EUNICE	
STREET ADDRESS	540 VILLA PARK DR.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOWNING, RICHARD C	
STREET ADDRESS	529 MODIGLIANI DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUBLIS, JOSEPH	
STREET ADDRESS	539 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, LOUIS	
STREET ADDRESS	534 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMM, RICHARD	
STREET ADDRESS	525 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGELMANN, HERBERT	
STREET ADDRESS	517 ROUSSEAU DR	
CITY-ST-ZIP	NOKOMIS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VPD	
1.3 STREET ADDRESS	SANDFORD, JAMES	
1.4 CITY-ST-ZIP	526 Miro Circle	
2.1 TITLE	Nokomis, FL	<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		<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 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: *Richard C. Downing* **Richard C. Downing, Tr** 1-14-97 941-966-4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064026

CR2E037 (9/96)