


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90087 012 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 724544</b> 1. Corporation Name <b>SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.</b>		
Principal Place of Business P.O. BOX 342 NOKOMIS FL 34275	Mailing Address P.O. BOX 342 NOKOMIS FL 34275	



21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address 26. PO Box 342 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/13/1972
22. City & State	27. City & State Nokomis FL	4. FEI Number 59-1651072
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>HOLROYD, JR. FRANK J.</b> 1900 MAIN BLDG. SARASOTA FL				10. Name and Address of New Registered Agent			
				81. Name Kathleen G. Ketter			
				82. Street Address (P.O. Box Number is Not Acceptable) 544 Villa Park Drive			
				83.			
				84. City Nokomis	85. State FL	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: *Kathleen G. Ketter* **KATHLEEN G. KETTER** **TREASURER** DATE: **4/17/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLARD, EUNICE			1.2 NAME	Millard, Eunice		
STREET ADDRESS	540 VILLA PARK DR.			1.3 STREET ADDRESS	540 Villa Park Dr.		
CITY-ST-ZIP	NOKOMIS FL			1.4 CITY-ST-ZIP	Nokomis, FL 34275		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOWNING, RICHARD C			2.2 NAME	Harlan H. Friddle		
STREET ADDRESS	529 MODIGLIANI DR			2.3 STREET ADDRESS	529 Modigliani Dr.		
CITY-ST-ZIP	NOKOMIS FL			2.4 CITY-ST-ZIP	Nokomis FL 34275		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOUBLIS, JOSEPH			3.2 NAME	Linda K. Montgomery		
STREET ADDRESS	539 MIRO CIR			3.3 STREET ADDRESS	532 Miro Circle		
CITY-ST-ZIP	NOKOMIS, FL 00000			3.4 CITY-ST-ZIP	Nokomis FL 34275		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SANDFORD, JAMES			4.2 NAME	Kathleen G. Ketter		
STREET ADDRESS	526 MIRO CIR			4.3 STREET ADDRESS	544 Villa Park Dr.		
CITY-ST-ZIP	NOKOMIS, FL 00000			4.4 CITY-ST-ZIP	Nokomis, FL 34275		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ENGELMANN, HERBERT			5.2 NAME	Daniel J. Gardner		
STREET ADDRESS	517 ROUSSEAU DR			5.3 STREET ADDRESS	543 Villa Park Dr.		
CITY-ST-ZIP	NOKOMIS, FL 00000			5.4 CITY-ST-ZIP	Nokomis FL 34275		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Kathleen M. P. Davis		
STREET ADDRESS				6.3 STREET ADDRESS	535 Miro Circle		
CITY-ST-ZIP				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: *Kathleen G. Ketter* **KATHLEEN G. KETTER** **TREASURER** DATE: **4/17/99** DAYTIME PHONE: **941-966-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)