

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90014 002 \*\*\*\*61.25

**DOCUMENT # 724544**  
 1. Entity Name  
**SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.**

**C0020549**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 P.O. BOX 342  
 NOKOMIS FL 34275  
 P.O. BOX 342  
 NOKOMIS FL 34274-0342  
 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1651072** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KETTER, KATHLEEN G**  
**544 VILLA PARK DR**  
**NOKOMIS FL 34275**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLARD, EUNICE	
STREET ADDRESS	540 VILLA PARK DR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIDDLE, HARLAN H	
STREET ADDRESS	529 MODIGLIANI DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUBLIS, JOSEPH	
STREET ADDRESS	539 MIRO CIR	
CITY-ST-ZIP	NOKOMIS, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, LINDA K	
STREET ADDRESS	532 MIRO CIR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KETTER, KATHLEEN G	
STREET ADDRESS	544 VILLA PARK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, KATHLEEN M	
STREET ADDRESS	535 VILLA PARK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gardner, Dan	
STREET ADDRESS	543 Villa Park Dr.	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ DATE **3-7-00**

CR2E037 (9/99)