

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90007 026 \*\*\*\*61.25

<b>DOCUMENT # 724544</b> 1. Entity Name <b>SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.</b>																													
Principal Place of Business <b>P.O. BOX 342 NOKOMIS, FL 34275</b>			Mailing Address <b>P.O. BOX 342 NOKOMIS, FL 34274-0342 US</b>																										
2. Principal Place of Business <b>2477 STICKNEY PT RD</b> Suite, Apt. #, etc. <b>110A</b> City & State <b>SARASOTA</b> Zip <b>34231</b>		3. Mailing Address <b>2477 STICKNEY PT RD</b> Suite, Apt. #, etc. <b>110A</b> City & State <b>SARASOTA</b> Zip <b>34231</b>																											
4. FEI Number <b>59-1651072</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent <b>FRIDDLE, HARLAN H 529 MODIGLIANI DR. NOKOMIS, FL 34275</b>			7. Name and Address of New Registered Agent Name <b>DEBORAH GIFFORD - ARGUS PROPERTY MGMT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2477 STICKNEY POINT RD</b> Suite <b>SUITE 110A</b> City <b>SARASOTA</b> <div style="float: right;">         FL Zip Code  <b>34231</b> </div>																										
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. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																													
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
<b>Make check payable to Florida Department of State</b>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VD</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCCOPPEN, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>533 MIRO CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NOKOMIS, FL 34275</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VD	<input type="checkbox"/> Delete	NAME	MCCOPPEN, JACK		STREET ADDRESS	533 MIRO CIR		CITY-ST-ZIP	NOKOMIS, FL 34275		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD</b> <b>FRIDDLE, HARLAN H</b> <b>529 MODIGLIANI DR</b> <b>NOKOMIS, FL 34275</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>DORNBACK, CLAUDIA</b> <b>525 MIRO CIRCLE</b> <b>NOKOMIS, FL 34275</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>HUBBARD, ANN C</b> <b>541 MIRRO CIR.</b> <b>NOKOMIS, FL 34275</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD</b> <b>SHAFFER, RAYMOND</b> <b>527 VILLA PK DR</b> <b>NOKOMIS, FL 34275</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>TOMPKINS, JIM</b> <b>538 MIRO CIR</b> <b>NOKOMIS, FL 34275</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																													
<b>SIGNATURE:</b> <u>Raymond Shaffer</u> <b>RAYMOND SHAFFER</b> <u>2-6-06</u> <u>941 927 6464</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

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