

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90257 012 ****61.25

DOCUMENT # 724544

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



Principal Place of Business
**2477 STICKNEY PT. RD
118A
SARASOTA, FL 34231**

Mailing Address
**2477 STICKNEY PT. RD
118A
SARASOTA, FL 34231 US**

40077165



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1651072

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIDDLE, HARLAN H
2477 STICKNEY PT. RD
STE. 118A
SARASOTA, FL 34231**

Name
Argus Property Mgmt.
Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd #118A
City
Sarasota FL Zip Code
34231

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

Ann C. Hubbard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VD	MCCOPPEN, JACK	533 MIRO CIR	NOKOMIS, FL 34275	<input type="checkbox"/>
D	FRIDDLE, HARLAN H	529 MODIGLIANI DR	NOKOMIS, FL 34275	<input type="checkbox"/>
D	DORNBACH, CLAUDIA	525 MIRO CIRCLE	NOKOMIS, FL 34275	<input type="checkbox"/>
D	HUBBARD, ANN C	541 MIRO CIR.	NOKOMIS, FL 34275	<input type="checkbox"/>
TD	SHAFFER, RAYMOND	527 VILLA PK DR	NOKOMIS, FL 34275	<input type="checkbox"/>
PD	TOMPKINS, JIM	538 MIRO CIR	NOKOMIS, FL 34275	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE:

Ann C. Hubbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #