


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724544</b> 1. Entity Name SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.	
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Principal Place of Business 2477 STICKNEY PT. RD 118A SARASOTA FL 34231	Mailing Address 2477 STICKNEY PT. RD 118A SARASOTA FL 34231 US
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1st MOORE      CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1651072</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ANGUS PROPERTY MGMT 2477 STICKNEY POINT RD #118A SARASOTA FL 34231</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 \_\_\_\_\_

Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature not required when re-stating)

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	VD MCCOPPEN, JACK <input type="checkbox"/> Delete
NAME	533 MIRO CIR
STREET ADDRESS	NOKOMIS FL 34275
CITY-ST-ZIP	
TITLE	D <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	DORNBACK, CLAUDIA
STREET ADDRESS	525 MIRO CIRCLE
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	D <input type="checkbox"/> Delete
NAME	HUBBARD, ANN C
STREET ADDRESS	541 MIRRO CIR.
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	TD <input type="checkbox"/> Delete
NAME	SHAFFER, RAYMOND
STREET ADDRESS	527 VILLA PK DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	PD <input type="checkbox"/> Delete
NAME	TOMPKINS, JIM
STREET ADDRESS	538 MIRO CIR
CITY-ST-ZIP	NOKOMIS FL 34275

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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 exemptions contained in Section 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: *James P. ... President*

2/26/2008