

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724544

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

2477 STICKNEY PT. RD
118A
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1651072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGUS PROPERTY MGMT
2477 STICKNEY POINT RD #118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MCCOPPEN, JACK
Address: 533 MIRO CIR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: FRIDDLE, HARLAN H
Address: 529 MODIGLIANI DR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: DORNBACH, CLAUDIA
Address: 525 MIRO CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HUBBARD, ANN C
Address: 541 MIRRO CIR.
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: SHAFFER, RAYMOND
Address: 527 VILLA PK DR
City-St-Zip: NOKOMIS, FL 34275

Title: PD () Delete
Name: TOMPKINS, JIM
Address: 538 MIRO CIR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BENFORD

MGR.

01/13/2009

Electronic Signature of Signing Officer or Director

Date