

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90008 046 ****61.25

DOCUMENT # 728505

1. Entity Name
**SORRENTO VILLAS, SECTION 6, CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
P.O. BOX 1361
NOKOMIS, FL 34275 US

Mailing Address
P.O. BOX 1361
NOKOMIS, FL 34275 US

40022629



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1649390

Applied For
Not Applicable

Zip 34274

Country

Zip 34274

Country

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

6. Name and Address of Current Registered Agent

SHOMODY, CLAIRE
627 VERROCCHIO 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
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

TITLE T ☐ Delete
NAME MORGAN, DONDUS
STREET ADDRESS 622 SEURAT DR.
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE SD ☐ Delete
NAME RYAN, RONALD
STREET ADDRESS 639 VERROCCHIO
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D ☒ Delete
NAME O'KANE, JOHN
STREET ADDRESS 631 LEGER DR.
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE P ☐ Delete
NAME SHOMODY, CLAIRE S
STREET ADDRESS 627 VERROCCHIO
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE TR ☐ Delete
NAME GALEN, TRACY
STREET ADDRESS 622 SOURAT DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE VP ☒ Delete
NAME SNYDER, BRUCE
STREET ADDRESS 629 SEURAT
CITY-ST-ZIP NOKOMIS, FL 34275

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME GESE STAGGS
STREET ADDRESS 638 Signorelli Dr
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME DAVID KING
STREET ADDRESS 628 SEURAT DR
CITY-ST-ZIP NOKOMIS, FL 34275

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: Dondus Morgan DONDUS MORGAN

02/09/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #