2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90026 034 ****61.25

DOCUMENT # 728505

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

50001767

Principal Place of Business	Mailing Address
P.O. BOX 1361 NOKOMIS, FL 34274 US	P.O. BOX 1361 NOKOMIS, FL 34274 US

03172008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-1649390 ☐ Applied For ☐ Not Applicable

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
SHOMODY, CLAIRE 627 VERROCCHIO DR. NOKOMIS, FL 34275	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 Claire Shomody CLAIRE Shomody 03-14-08
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, 2008

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	T MORGAN, DONDUS 622 SEURAT DR. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RYAN, RONALD 639 VERROCHIO NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DORIS DITMAR 625 VERROCCHIO NOKOMIS, FL. 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'KANE, JOHN 631 LEGER DR. NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID KING 628 SEURAT DR NOKOMIS, FL. 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHOMODY, CLAIRE S 627 VERROCCHIO NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GALEN, TRACY 622 SOURAT DR NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SNYDER, BRUCE 629 SEURAT NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JP GENE STAGGS 638 SIGNORELLI DR NOKOMIS, FL. 34275	☐ Change ☒ 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.

SIGNATURE: Dondus D. Morgan 03-14-08 941-918-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #