

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728505

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 1361
NOKOMIS, FL 34274 US

New Principal Place of Business:

627 VERROCCHIO DR
NOKOMIS, FL 34274 US

Current Mailing Address:

P.O. BOX 1361
NOKOMIS, FL 34274 US

New Mailing Address:

FEI Number: 59-1649390 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHOMODY, CLAIRE
627 VERROCCHIO DR.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

SHOMODY, CLAIRE
622 SEURAT DR
NOKOMIS, FL 34275 US

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: _____

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MORGAN, DONDUS
Address: 622 SEURAT DR.
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: DITTMAR, DORIS
Address: 625 VERROONO
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: KING, DAVID
Address: 628 SEURAT DR
City-St-Zip: NOKOMIS, FL 34275

Title: P () Delete
Name: SHOMODY, CLAIRE S
Address: 627 VERROCCHIO
City-St-Zip: NOKOMIS, FL 34275

Title: TR () Delete
Name: GALEN, TRACY
Address: 622 SOURAT DR
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Delete
Name: STAGGS, GENE
Address: 638 SIGNORELL DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: DITTMAR, DORIS
Address: 625 VERROCCHIO DR
City-St-Zip: NOKOMIS, FL 34275

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: CLAIRE SHOMODY

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date