2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State
02-13-2008 90021 038 ****61.25

DOCUMENT # 732831

1. Entity Name
SORRENTO EAST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 232 NOKOMIS, FL 34274-0232 US	P.O. BOX 232 NOKOMIS, FL 34274-0232 US

02082008 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 59-1574013 ☐ 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
SMITH, DAVID B 419 SIGNORELLI DR. NOKOMIS, FL 34275	Name: Robert Schilling Street Address (P.O. Box Number is Not Acceptable): 462 INGRES DRIVE City: Nokomis FL Zip Code: 34275

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 Robert Schilling 2/9/08
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	S JOBOUIN, HELEN 421 SIGNORELLI DR NOKOMIS, FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALLY KRELL 406 SIGNORELLI DRIVE NOKOMIS, FL 34275	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHOMODY, CLAIRE 627 VERROCCHIO DR NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, WILLIAM 405 GIOVANNI DR NOKOMIS, FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM RICH 415 RUBENS DRIVE NOKOMIS, FL 34275	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GABLE, TOM 100 MATISSE CIR, W NOKOMIS, FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MERRILL, Robert 128 Da Vinci Dr. Nokomis, FL 34275-4221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNUTSON, WILLIAM 2254 LAKEWOOD DR NOKOMIS, FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEVIN TRINKLEIN 465 RUBENS DRIVE-EAST NOKOMIS, FL 34275	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, DAVID 419 SIGNORELLI DR. NOKOMIS, FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Robert Schilling 462 Ingres 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 Robert Schilling DATE 2/9/08 Phone 941-918-1821