

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90063 010 ****61.25

| | | | | | |
|---|----------------------------|---|--|--|--|
| DOCUMENT # 734388 1. Entity Name SORRENTO SOUTH PROPERTY OWNERS, INC. | | | | | |
| Principal Place of Business PO BOX 152 NOKOMIS, FL 34274-0152 | | | Mailing Address PO BOX 152 NOKOMIS, FL 34274-0152 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02072005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 51-0196134 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HART, JUDITH 1808 BAYSHORE RD NOKOMIS, FL 34275 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: <u><i>Judith Hart</i></u> , PRESIDENT <u><i>April 4, 2005</i></u> <small>Signature (Typed or printed name of registered agent and the Inappropriate) (NOTE: Registered Agent signature required when constituting) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HART, JUDITH | | NAME | | |
| STREET ADDRESS | 1808 BAYSHORE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHITE, JOHN W | | NAME | GRANGER, JIM | |
| STREET ADDRESS | 206 CAVALLINI DRIVE | | STREET ADDRESS | 451 PICASSO DR | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FOX, ED | | NAME | | |
| STREET ADDRESS | 494 BELLINI CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KORINEK, DENNIS | | NAME | | |
| STREET ADDRESS | 439 PICASSO DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARN, JOSEPH L SR | | NAME | TO PETERSON, LIZ | |
| STREET ADDRESS | 414 MURILLO DR | | STREET ADDRESS | 214 CAVALLINI DR | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VAN PELT, DEBRA | | NAME | SCHULTZ, SUSAN | |
| STREET ADDRESS | 405 MURILLO DR | | STREET ADDRESS | 2312 G0YA DR | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | | CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered. | | | | | |
| SIGNATURE: <u><i>Elizabeth Peterson</i></u> ELIZABETH PETERSON, TREASURER <u><i>4/4/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |