

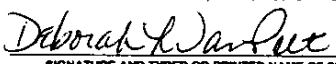


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90006 017 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292007 Chg-NP CR2E037 (12/06)	
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 LOUGH, ERIC 424 BELLINI CIR NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name JUDITH HART Street Address (P.O. Box Number is Not Acceptable) 1808 BAYSHORE RD City NOKOMIS FL 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 			DATE 2-6-07		
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGH, ERIC 424 BELLINI CIR NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR JUDITH HART 1808 BAYSHORE RD NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRANGER, JIM 451 PICASSO DR NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS, DIRECTOR DEBORAH L. VAN PELT 405 MURILLO DR. NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, ED 494 BELLINI CIR NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ERIC LOUGH 424 BELLINI CIR NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSCO, ROBERTA 482 BELLINI CIR NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR JIM GRANGER 451 PICASSO DR NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, HARVEY 401 BELLINI CIR NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NANCY ROGERS 2321 GOYARD NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULT, SUSAN 2312 GOYA DR NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK MCCRAE 308 CAVALLINI DR 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEBORAH L. VAN PELT		
			Date 1/29/07 Daytime Phone # 941-966-6725		