

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90039 029 ****61.25

DOCUMENT # 753188

1. Entity Name

SORRENTO INLET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

700 SORRENTO INLET
NOKOMIS FL 34275

Mailing Address

700 SORRENTO INLET
NOKOMIS FL 34275



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2067654

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

MORGAN, HAROLD
736 SORRENTO INLET
NOKOMIS FL 34275

Name

HAMLIN, CARL

Street Address (P.O. Box Number is Not Acceptable)

703 Sorrento Inlet

Nokomis FL

34275

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

Carl Hamlin

Carl Hamlin

4-8-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE: VD
NAME: DONATI, ROBERT ☒ Delete
STREET ADDRESS: 750 SORRENTO INLET
CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: TD
NAME: ELLIOTT, MAYNARD ☐ Delete
STREET ADDRESS: 741 SORRENTO INLET
CITY-ST-ZIP: NOKOMIS FL

TITLE: SD
NAME: AUFDENKAMPE, KATHY ☒ Delete
STREET ADDRESS: 733 SORRENTO INLET
CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: PD
NAME: MORGAN, HAROLD ☒ Delete
STREET ADDRESS: 736 SORRENTO INLET
CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: D
NAME: WASHBURN, PAUL ☒ Delete
STREET ADDRESS: 720 SORRENTO INLET
CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☐ Change ☒ Addition
NAME: Hamlin, Carl
STREET ADDRESS: 703 Sorrento Inlet
CITY-ST-ZIP: Nokomis, FL 34275

TITLE: VD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: SD ☐ Change ☒ Addition
NAME: Cannarelli, Richard
STREET ADDRESS: 725 Sorrento Inlet
CITY-ST-ZIP: Nokomis, FL 34275

TITLE: TD ☐ Change ☒ Addition
NAME: Donatli, Rhyllis
STREET ADDRESS: 750 Sorrento Inlet
CITY-ST-ZIP: Nokomis, FL 34275

TITLE: D ☐ Change ☒ Addition
NAME: Summerfeld, David
STREET ADDRESS: 715 Sorrento Inlet
CITY-ST-ZIP: Nokomis, FL 34275

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carl Hamlin

Carl Hamlin

4-8-05

941-966-9237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #