

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753188

FILED
Feb 19, 2009
Secretary of State

Entity Name: SORRENTO INLET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

700 SORRENTO INLET
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

700 SORRENTO INLET
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-2067654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, CARL
703 SORRENTO INLET
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASHBURN, PENNY
Address: 720 SORRENTO INLET
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: ELLIOTT, MAYNARD
Address: 741 SORRENTO INLET
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: CANNARELLI, RICHARD
Address: 725 SORRENTO INLET
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: DONATI, PHYLLIS
Address: 750 SORRENTO INLET
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: UNDERWOOD, HAROLD
Address: 735 SORRENTO INLET
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: O'CONNELL, JANET
Address: 745 SORRENTO INLET
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: PHYLLIS DONATI

TD

02/19/2009

Electronic Signature of Signing Officer or Director

Date