

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766810

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** SORRENTO WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1112 DELACROIX CIRCLE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1112 DELACROIX CIRCLE  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 59-2320698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORRIS, SYLVIA GOLDEN  
40 NORTH OSPREY AVENUE  
SUITE C  
SARASOTA, FL 34236 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: PD ( ) Delete  
Name: ELSADEK, CHERIF  
Address: 1112 DELACROIX  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: GRANDONE, KAREN  
Address: 1112 DELACROIX  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: RON, HIRT  
Address: 1112 DELAROX  
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete  
Name: MODZELEWSKI, KENNETH  
Address: 1304 SORRENTO WOODS BLVD.  
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete  
Name: HUGHES, MIKE  
Address: 1112 DELCROIX  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: ELSADEK, CHERIF  
Address: 1047 RUISDAEL CIR  
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 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: KENNETH MODZELEWSKI

TREA

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date