2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# 766810

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 DELAROIX	
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:	SD	(X) Change ( ) Addition
Name:	THIE, MICHELE	
Address:	1112 DELACROIX	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	D	(X) Change ( ) Addition
Name:	TULLY, MIKE	
Address:	1112 DELAROIX	
City-St-Zip:	NOKOMIS, FL 34275	
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: KENNETH MODZELEWSKI VD 04/27/2007

Electronic Signature of Signing Officer or Director — Date