# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 12, 2007 8:00 am**
**Secretary of State**
03-12-2007 90366 002 ****61.25

400340U5

DOCUMENT # N00000000360

1. Entity Name
SORRENTO AT VENETIAN ISLES (POD G)
HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| GRS MANAGEMENT ASSOCIATES, INC<br>3900 WOODLAKE BLVD. SUITE 309<br>LAKE WORTH, FL 33463 | GRS MANAGEMENT ASSOCIATES, INC<br>3900 WOODLAKE BLVD. SUITE 309<br>LAKE WORTH, FL 33463 |

01042007 Chg-NP CR2E037 (12/06)

| 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 |

4. FEI Number 65-0982413 ☐ 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 |
|---|---|
| LEVINE, STEVEN J P.A.<br>LEVINE AND BURR, ATTORNEY'S<br>3300 PGA BLVD STE 530<br>PALM BEACH GARDENS, FL 33410 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP2<br>KATZ, MARK<br>8014 BELLAFIORE WAY<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SCHNEIDER, RITA J<br>8042 BELLAFIORE WAY<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP1<br>SILVER, MORRIS<br>8186 BELLAFIORE WAY<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BOYD, MIKE<br>8071 BELLAFIORE WAY<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LEVY, RICK<br>8029 PISA DRIVE<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** MIKE BOYD Mike Boyd Pres. Sorrento HOA 2/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #