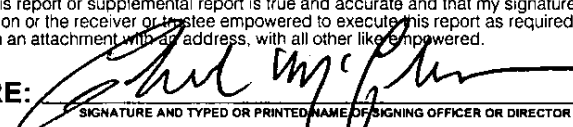


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90033 021 \*\*\*\*61.25

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # N00000000360</b>  |   |   |   |    |  |
| <b>1. Entity Name</b><br>SORRENTO AT VENETIAN ISLES (POD G)<br>HOMEOWNERS ASSOCIATION, INC.   |   |   |   |   |  |
| <b>Principal Place of Business</b><br>GRS MANAGEMENT ASSOCIATES, INC<br>3900 WOODLAKE BLVD. SUITE 309<br>LAKE WORTH, FL 33463   |   |   | <b>Mailing Address</b><br>GRS MANAGEMENT ASSOCIATES, INC<br>3900 WOODLAKE BLVD. SUITE 309<br>LAKE WORTH, FL 33463 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   | <b>4. FEI Number</b><br>65-0982413  |  |
| Zip   |   | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEVINE, STEVEN J P.A.<br>LEVINE AND BURR, ATTORNEY'S<br>3300 PGA BLVD STE 530<br>PALM BEACH GARDENS, FL 33410   |   |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>  |   |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP2<br>KATZ, MARK<br>8014 BELLAFORE WAY<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP1<br>Katz, Mark<br>8014 Bellafiore Way<br>Boynton Beach, FL 33472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>SCHNEIDER, RITA J<br>8042 BELLAFORE WAY<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP2<br>Bernard Pearl<br>8125 Prindai Lane<br>Boynton Beach, FL 33472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP1<br>SILVER, MORRIS<br>8186 BELLAFORE WAY<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BOYD, MIKE<br>8071 BELLAFORE WAY<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>LEVY, RICK<br>8029 PISA DRIVE<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BOYD, MIKE<br>8071 BELLAFORE WAY<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>LEVY, RICK<br>8029 PISA DRIVE<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BOYD, MIKE<br>8071 BELLAFORE WAY<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b>    |   |   | Date <span style="font-size: 2em;">2-6-08</span>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Daytime Phone #   |   |  |