

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000360

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0982413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, STEVEN J P.A.
LEVINE AND BURR, ATTORNEY'S
3300 PGA BLVD STE 530
PALM BEACH GARDENS, FL 33410 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: VP1 () Delete
Name: KATZ, MARK
Address: 8014 BELLAFIRE WAY
City-St-Zip: BOYNTON, FL 33472

Title: S () Delete
Name: SCHNEIDER, RITA J
Address: 8042 BELLAFFIORE WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP2 () Delete
Name: BUMOND, PEARL
Address: 8125 BRINDSI LANE
City-St-Zip: BOYNTON, FL 33472

Title: PD () Delete
Name: BOYD, MIKE
Address: 8071 BELLAFFIORE WAY
City-St-Zip: BOYNTON, FL 33472

Title: T () Delete
Name: LEVY, RICK
Address: 8029 PISA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP1 (X) Change () Addition
Name: PEARL, BERNARD
Address: 8125 BRINDISI LANE
City-St-Zip: BOYNTON, FL 33472

Title: S (X) Change () Addition
Name: SCHNEIDER, RITA J
Address: 8042 BELLAFFIORE WAY
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP2 (X) Change () Addition
Name: BERNAT, STEVE
Address: 8150 BELLAFFIORE WAY
City-St-Zip: BOYNTON, FL 33472

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: MIKE BOYD

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date