2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90156 023 ****61.25

DOCUMENT # N00000000360

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

Principal Place of Business	Mailing Address
12230 FOREST HILL BLVD SUITE 150 WELLINGTON FL 33414	C/O G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD STE 201 LAKE WORTH FL 33463

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1013 N. State Rd #7	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Bch FL	City & State
Zip: 33411 Country: US	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
KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST SUITE 2800 MIAMI FL 33131	Name: JAY STRON Levine, P.A Street Address (P.O. Box Number is Not Acceptable) 3300 P.G.A. Blvd STE 970 City: Palm Bch Gardens FL Zip Code: 33410

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] 2-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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	PD DREWS, ROBERT 12230 FOREST HILL BLVD SUITE 150 WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOSSELIN, ANETTE 12230 FOREST HILL BLVD SUITE 150 WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INDIVIGLIDIO, MARIO 1013 N STATE RD ROYAL PALM BEACH FL 33411	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert W. Drews Pres. 2-5-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE