
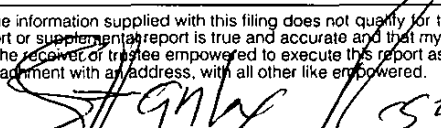


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N02000000154</b> 1. Entity Name <b>SORRENTO HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>GABLES PROPERTY MANAGEMENT, INC.          1495 NORTHPARK DRIVE          WESTON, FL 33326</b>		Mailing Address <b>GABLES PROPERTY MANAGEMENT, INC.          1495 NORTHPARK DRIVE          WESTON, FL 33326</b>	
2. Principal Place of Business - No P.O. Box # <b>5055 SW 171ST AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5055 SW 171ST AVENUE</b> Suite, Apt. #, etc.	
City & State <b>MIRAMAR, FL</b>		City & State <b>MIRAMAR, FL</b>	
Zip <b>33027</b>	Country	Zip <b>33027</b>	Country
<b>6. Name and Address of Current Registered Agent</b> <b>BAKALAR &amp; EICHNER, P.A.          150 S. PINE ISLAND ROAD, SUITE 540          PLANTATION, FL 33324</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSEN, STANLEY</b> <b>1495 NORTHPARK DRIVE</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAYLOR, TENESHIA</b> <b>1495 NORTHPARK DRIVE</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4892 SW 159TH AVENUE</b> <b>MIRAMAR, FL 33027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHAIHAN, NIURKA</b> <b>1495 NORTHPARK DR</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5233 SW 155TH WAY</b> <b>MIRAMAR, FL 33027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHALBAN, NIURKA</b> <b>15819 SW 48TH PLACE</b> <b>MIRAMAR, FL 33027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		Date <b>7-30-07</b> Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07122007 Chg-NP CR2E037 (12/06)

 4. FEI Number **68-0520573** Applied For ☐ Not Applicable ☐

 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



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