


Sorrento Homeowners Association, Inc.

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90016 018 \*\*\*\*61.25

<b>DOCUMENT # N02000000154</b>					
1. Entity Name <b>SORRENTO HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5055 SW 171ST AVENUE MIRAMAR, FL 33027</b>			Mailing Address <b>5055 SW 171ST AVENUE MIRAMAR, FL 33027</b>		
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 <b>68-0520573</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAKALAR &amp; EICHNER, P.A. 150 S. PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSEN, STANLEY		NAME		
STREET ADDRESS	4892 SW 159TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, TENESHIA		NAME		
STREET ADDRESS	5233 SW 155TH WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAIBAN, NIURKA		NAME		
STREET ADDRESS	15810 SW 48TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Stanley Rosen</i>			4-13-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



ATTACHMENT

600 43283

#N02000000154

KATHLENE K. GRUMMER, DIRECTOR OF ADMINISTRATION  
E-mail: [kgrummer@castlemanagement.net](mailto:kgrummer@castlemanagement.net)

PLEASE REPLY TO PLANTATION OFFICE  
Telephone Extension 870

April 23, 2008

Gentlemen:

We inadvertently did not include three of the below listed reports [highlighted in red] with our recent mailing with payment for 37 Not-For-Profit Corporate Annual Reports. They are enclosed herewith.

We appreciate your assistance in processing the enclosed. If you have any questions please do not hesitate to contact me.

April 14, 2008

Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2008 Not-For-Profit Corporation Annual Reports

Gentlemen:

Enclosed with this letter is our check in the amount of \$2,266.25 in payment of the annual filing fees for the following thirty-seven (37) executed Annual Reports:

FL(Corp)No.	Full Name
N99000000287	Amalfi Homeowners Association, Inc.
N00000000288	Capri Homeowners Association, Inc.
N98000004724	Cascades at St. Lucie West Residents' Association, Inc.
N04000005759	Coconut Cay Homeowners' Association, Inc.
N07000005446	Coronado at Doral I Condominium Association, Inc.
N07000002185	Coronado at Doral IV Condominium Association, Inc.
N07000002182	Coronado at Doral Master Association, Inc.
N05000012034	Creekside at St. Lucie Homeowners Association, Inc.
N95000003285	Granville Condominium B Association, Inc.
N47422	Granville Condominium J Association, Inc.
N05000002412	Green Cay Owners' Association, Inc.

Corporate Headquarters  
12270 SW 3<sup>rd</sup> Street, Suite 200  
Plantation, FL 33325-2811  
(954) 792-6000

Mailing Address:  
P.O. Box 559009  
Ft. Lauderdale, Florida 33355-9009  
(561) 735-7434/Palm Beach  
(305) 947-7488/Dade

Palm Beach Office  
15200 Jog Road • Suite 205  
Delray Beach, Florida 33446  
(561) 276-4500



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60043283  
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KATHLENE K. GRUMMER, DIRECTOR OF ADMINISTRATION  
E-mail: [kgrummer@castlemanagement.net](mailto:kgrummer@castlemanagement.net)

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Delray Beach, Florida 33446  
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