2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000154

FILED Feb 21, 2009 Secretary of State

Entity Name: SORRENTO HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5055 SW 171ST AVENUE MIRAMAR, FL 33027 **Current Mailing Address: New Mailing Address:** 5055 SW 171ST AVENUE C/O CASTLE MANAGEMENT PO BOX 559009 MIRAMAR, FL 33027 FORT LAUDERDALE, FL 33355 FEI Number: 68-0520573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKALAR & EICHNER, P.A 150 S. PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSEN, STANLEY Name: Name: Address: 4892 SW 159TH AVENUE Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TAYLOR, TENESHIA Name: Address: 5233 SW 155TH WAY Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHAIBAN, NIÙRKA Name: CHAIBAN, NIURKA Name: 15810 SW 48TH PLACE 15810 SW 48TH PLACE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33027 () Change (X) Addition Title: () Delete Title: HERNANDEZ, HENRY Name: Name: 5006 SW 155 TERR Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33027

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: ROBERT A DONNELLY MGR 02/21/2009