

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90134 044 \*\*\*\*61.25



**DOCUMENT # N02000000863**  
1. Entity Name  
**SORRENTO VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**8 SORRENTO DRIVE  
OSPREY, FL 34229**

Mailing Address  
**8 SORRENTO DRIVE  
OSPREY, FL 34229**



2. Principal Place of Business  
**69 CAVALLINI DRIVE**

3. Mailing Address  
**69 CAVALLINI DRIVE**

Suite, Apt. #, etc.

01132006 Chg-NP CR2E037 (11/05)

City & State  
**NOKOMIS, FL.**

City & State  
**NOKOMIS, FL**

4. FEI Number  
**01-0609150**

Applied For  
 Not Applicable

Zip  
**34275**

Country  
**SARASOTA**

Zip  
**34275**

Country  
**SARASOTA**

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

6. Name and Address of Current Registered Agent  
**PITTS, H LANDEN  
8 SORRENTO DRIVE  
OSPREY, FL 34229**

7. Name and Address of New Registered Agent

Name  
**HOWARD L. CAPPS JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**61 CAVALLINI DRIVE**

City  
**NOKOMIS FL**

Zip Code  
**34275**

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 **HOWARD L. CAPPS, JR. PRESIDENT** *Howard L. Capps Jr.* **APRIL 3, 2006**

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

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITTS, CAROLYN K 8 SORRENTO DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PITTS, HANSEL L JR 8 SORRENTO DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T HOWARD L. CAPPS JR 61 CAVALLINI DR. NOKOMIS FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D IVAN MELENDEZ 25 CAVALLINI DR NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARY WILSMAN 45 CAVALLINI DR. NOKOMIS FL. 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRA CONN 41 CAVALLINI DR. NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK NOGREFE 71 CAVALLINI DR NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

SIGNATURE: **Howard L. Capps Jr.** *Howard L. Capps Jr.* **APRIL 3, 2006** **941-488-0883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #