



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90075 050 \*\*\*\*61.25

<b>DOCUMENT # N02000000863</b>						
1. Entity Name SORRENTO VILLAGE CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 69 CAVALLINI DR NOKOMIS, FL 34275		Mailing Address 69 CAVALLINI DR NOKOMIS, FL 34275		40038125  		
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	01172007	Chg-NP	CR2E037 (12/06)
4. FEI Number 01-0609150				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CAPPS, HOWARD L JR 61 CAVALLINI DR NOKOMIS, FL 34275			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CAPPS, HOWARD L JR	NAME				
STREET ADDRESS	61 CAVALLINI DR	STREET ADDRESS				
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP				
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MELENDEZ, IVAN	NAME	JOHN RYAN			
STREET ADDRESS	25 CAVALLINI DR	STREET ADDRESS	75 CAVALLINI DR.			
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP	NOKOMIS FL 34275			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HILSMAN, MARY	NAME				
STREET ADDRESS	45 CAVALLINI DR	STREET ADDRESS				
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CONN, DEBRA	NAME				
STREET ADDRESS	41 CAVALLINI DR	STREET ADDRESS				
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOGREFE, MARK	NAME	GWYNNE BERGER			
STREET ADDRESS	71 CAVALLINI DR	STREET ADDRESS	65 CAVALLINI DR.			
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP	NOKOMIS, FL 34275			
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				
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: <u>Howard L. Capps Jr</u> HOWARD L. CAPPS JR MARCH 13, 2007 941-488-0883						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						