

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000863

FILED
Jul 05, 2008
Secretary of State

Entity Name: SORRENTO VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

69 CAVALLINI DR
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

69 CAVALLINI DR
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 01-0609150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPPS, HOWARD L JR
61 CAVALLINI DR
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

RYAN, JOHN
75 CAVALLINI DR
NOKOMIS, FL 34275 US

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: JOHN RYAN

07/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CAPPS, HOWARD L JR
Address: 61 CAVALLINI DR
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: RYAN, JOHN
Address: 75 CAVALLINI DR
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: HILSMAN, MARY
Address: 45 CAVALLINI DR
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Delete
Name: CONN, DEBRA
Address: 41 CAVALLINI DR
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Delete
Name: BERGER, GWYNNE
Address: 65 CAVALLINI DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RYAN, JOHN
Address: 75 CAVALLINI DR.
City-St-Zip: NOKOMIS, FL 34275

Title: TD (X) Change () Addition
Name: HOGREFE, SUSAN M
Address: 71 CAVALLINI DR.
City-St-Zip: NOKOMIS, FL 34275

Title: SD (X) Change () Addition
Name: BURGER, GWYNNE
Address: 65 CAVALLINI DR.
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN M. HOGREFE

TD

07/05/2008

Electronic Signature of Signing Officer or Director

Date