

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000863

FILED  
Mar 21, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

RYAN, JOHN  
75 CAVALLINI DR  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

HOGREFE, SUSAN M  
71 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: SUSAN M HOGREFE

03/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: CAPPS, HOWARD L  
Address: 61 CAVALLINI DR.  
City-St-Zip: NOKOMIS, FL 34275 US

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

Title: SD ( ) Change (X) Addition  
Name: HILSMEN, MARY  
Address: 45 CAVALLINI DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD ( ) Change (X) Addition  
Name: LUCAS, JOAN  
Address: 51 CAVALLINI DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

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

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date