

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000863

**FILED**  
**Feb 16, 2010**  
**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:**

HOGREFE, SUSAN M  
71 CAVALLINI DR  
NOKOMIS, FL 34275 US

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

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:**

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

Title: TD  
Name: CAPP, HOWARD L  
Address: 61 CAVALLINI DR.  
City-St-Zip: NOKOMIS, FL 34275 US

Title: VD  
Name: BURGER, GWYNNE  
Address: 65 CAVALLINI DR.  
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD  
Name: GRIFFIN, CHRIST  
Address: 11 CAVALLINI DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD  
Name: LUCAS, JOAN  
Address: 51 CAVALLINI DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

I hereby 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 all other like empowered.

SIGNATURE: HOWARD L. CAPP, JR.

TD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date