

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000863

FILED
Jan 11, 2012
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:

CAPPS, HOWARD L JR.
61 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: CAPPS, HOWARD L JR.
Address: 61 CAVALLINI DR.
City-St-Zip: NOKOMIS, FL 34275 US

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

Title: VD
Name: HILSMAN, MARY
Address: 45 CAVALLINI DR.
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD
Name: GARIEPY, MARIE
Address: 21 CAVALLINI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD
Name: BERGER, GWYNNE
Address: 65 CAVALLINI DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

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

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. CAPPS, JR.

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date