

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2012
Secretary of State

DOCUMENT# N05000009839

Entity Name: VILLA SORRENTO OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1637 E VINE ST
SUITE 200
KISSIMMEE, FL 34744**New Principal Place of Business:**1627 E VINE STREET
SUITE 200
KISSIMMEE, FL 34744**Current Mailing Address:**1637 E VINE ST
SUITE 200
KISSIMMEE, FL 34744**New Mailing Address:**1627 E VINE STREET
SUITE 200
KISSIMMEE, FL 34744**FEI Number:** 20-3782832**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANCHEZ, DOMINGO
1637 E VINE ST,
SUITE 200
KISSIMMEE, FL 34744 US**Name and Address of New Registered Agent:**SANCHEZ, DOMINGO
1627 E VINE ST,
SUITE 200
KISSIMMEE, FL 34744 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:

08/02/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD
Name: ALLEN, MARK
Address: 1627 E VINE ST, SUITE 200
City-St-Zip: KISSIMMEE, FL 34744**Title:** VP
Name: ANARUMO, ROBERT
Address: 1627 E VINE STREET, SUITE 200
City-St-Zip: KISSIMMEE, FL 34744**Title:** S/T
Name: PADILLA, ROBERT
Address: 1627 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

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: DOMINGO SANCHEZ

RA

08/02/2012

Electronic Signature of Signing Officer or Director_____
Date