

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 046 ****61.25

DOCUMENT # N16118

1. Entity Name
SORRENTO COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
PROFESSIONALLY YOURS INC
1342 SE 46TH LANE
CAPE CORAL, FL 33904 US

Mailing Address
PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

2. Principal Place of Business

3. Mailing Address

2517 Santa Barbara Blvd., #11
Cape Coral, FL 33914

Suite, Apt. #, etc.

City & State

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
58-1859793

Applied For
Not Applicable

Zip

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.

2517 Santa Barbara Blvd., #11
Cape Coral, FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CHARLESTON, GARY R**
STREET ADDRESS **4805 SORRENTO COURT #6**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **SDTD** ☒ Delete
NAME **MUELLER, JAMES H**
STREET ADDRESS **4805 SORRENTO CT #9**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **STD** ☐ Delete
NAME **CRAFT, BILL**
STREET ADDRESS **4805 SORRENTO CT., #10**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice Pres.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec. / Treas** ☐ Change ☒ Addition
NAME **Yeager, Ann Marie**
STREET ADDRESS **3427 SW 6th Place**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Teague

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

239-542-5418

Daytime Phone #