

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90784 001 ***367.50

DOCUMENT # N96000006490

1. Entity Name

THE SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATI

Principal Place of Business

**24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3416297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS FL 34134**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
 NAME **PAGE, GEORGE R**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DV** ☐ Change ☒ Addition
 NAME **Hanlon, Christopher J.**
 STREET ADDRESS **24301 Walden Center Drive**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **DST** ☐ Delete
 NAME **HIMROD, MELANIE M**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **DV** ☐ Delete
 NAME **JOHANSSON, STEFAN O**
 STREET ADDRESS **24301 WALDEN CENTER DR.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Johansson, Stefan O.**
 STREET ADDRESS **24301 Walden Center Drive**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 exemption stated in Section 119.07(3)(i), 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.

Melanie P. Dunuck, Secretary
SIGNATURE

SIGNATURE:

4/24/01

(941) 927-2600

CR2E037 (10/00)