2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 06, 2006 8:00 am Secretary of State

07-06-2006 90001 020 ****61.25

DOCUMENT # N96000006490

THE SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 23650 VIA VENETO #104 BONITA SPRINGS, FL 34134

2. Principal Place of Business

Mailing Address 23650 VIA VENETO #104

3. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONITA SPRINGS, FL 34134

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Suite, Apt. #, etc. Suite, Apt. #, etc.						07032	006 C	hg-NP	CR	2E037 (4/0	6)			
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City & State City			y & State				4. FEI N	Number 341629	17		<u> </u>	Applied	$\overline{}$	
Zip Country Zip		D Coun		ntrv					¢0.75		plicable			
			Souther,			5. Certificate of Status Desired								
	6. Name	and Address of Cur	rent Registere	d Agent				7. Nam	e and Add	ress of New	Register	ed Agent		
LICDON D	A					Name								
LISBON, DAVID L 23650 VIA VENETO					Street Address (P.O. Box Number is Not Acceptable)									
#104						Officer Address (F.O. Box Number is Not Acceptable)								
BONITA SPRINGS, FL 34134														
						City						FL Zip C	Code	
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the obligati	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 Elorida. I am familiar with, and accept the obligations of registered agent.													
	1 collegence of the second agents.													
SIGNATURE .	Dav	ND L. L	isbor)			X V	ئبدا	1	ناسد/	~ 7	7.3-06	,	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sugnature required when reinstating) DATE														
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	_	e is \$61.25		9. Election Carr Trust Fund C				\$5.00				ieck payabl partment o		
	ne by Seb	tember 6, 2006				O11.		Added to						
10.	DD	OFFICERS ANI	D DIRECTORS		11.		AI	DDITION	S/CHANG	ES TO OFFIC	ERS AND	DIRECTORS		,
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12. I hereby d	certify that the	information supplied	d with this filing	does not qualify for	the exe	mptions o	ontained i	n Chapte	er 119. Flo	rida Statutes	. I further	certify that th	e inform	ation
indicated	on this repor	t or supplemental rep e receiver or trustee	xort is true and	accurate and that n	ny signat	ure shall t	have the sa	ame lega	I effect as	if made under	er oath: tha	at I am an off	icer or di	irector
changed,	or on an atta	chment with an addre	ess, with all oth	ner like empowered.			L E.Y			ecret			5 01 DIO	D11 111
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