### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 713919** 

Entity Name: SORRENTO VILLAS, SECTION 2 ASSOCIATION, INC.

FILED Feb 25, 2020 Secretary of State 4353769020CC

# **Current Principal Place of Business:**

209 VILLA DRIVE OSPREY, FL 34229

# **Current Mailing Address:**

209 VILLA DRIVE

OSPREY, FL 34229 US

FEI Number: 59-1663031 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CHAMBERS, CHERI 209 VILLA DRIVE OSPREY, FL 34229 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: CHERI CHAMBERS 02/25/2020

Electronic Signature of Registered Agent

Date

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** MILTON, RON Name CHAMBERS, CHERI Name 201 VILLA DR Address 209 VILLA DRIVE Address City-State-Zip: OSPREY FL 34229 OSPREY FL 34229 City-State-Zip:

Title DIRECTOR Title VICE-PRESIDENT Name POSEY, LINDA Name LEAR, MONICA Address 206 TINA ISLAND DR Address 202 VILLA DRIVE OSPREY FL 34229 City-State-Zip: OSPREY FL 34229 City-State-Zip:

Title SECRETARY Title DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Name MILTON, PAMELA Name WACKELIN, ANDREE

Address 201 VILLA DR Address 208 VILLA DR

City-State-Zip: OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

Title DIRECTOR
Name BAILEY, JIM J

Address 205 TINA ISLAND DR City-State-Zip: OSPREY FL 34229

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: CHERI J CHAMBERS TREASURER 02/25/2020