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.

TREASURER

SIGNATURE: CHERI J CHAMBERS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 713919

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

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

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	E: CHERI CHAMBERS			04/02/2019		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	TREASURER			
Name	MILTON, RON	Name	CHAMBERS, CHERI			
Address	201 VILLA DR	Address	209 VILLA DRIVE			
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229			
Title	VICE-PRESIDENT	Title	DIRECTOR			
Name	LEAR, MONICA	Name	POSEY, LINDA			
Address	202 VILLA DRIVE	Address	206 TINA ISLAND DR			
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229			
Title	SECRETARY	Title	DIRECTOR			
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			

Certificate of Status Desired: No

FILED Apr 02, 2019 Secretary of State 6115609768CC

> 04/02/2019 Date