

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718524

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC7627271131**

**Entity Name:** SORRENTO VILLAS SECTION 4, ASSOCIATION, INC.

**Current Principal Place of Business:**

402 OXFORD DRIVE  
NOKOMIS, FL 34275

**Current Mailing Address:**

402 OXFORD DRIVE  
NOKOMIS, FL 34275 US

**FEI Number:** 59-1912526

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOVAC, LAURA V  
402 OXFORD DRIVE  
NOKOMIS, FL 34275 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name KOVAC, LAURA V  
Address 402 OXFORD DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title P  
Name WRIGHT, STEVEN A  
Address 403 OXFORD DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title D  
Name GUILLOU, ERNEST  
Address 416 OXFORD DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title VP  
Name SESTITO, VINCENT  
Address 420 DEGAS DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title D  
Name SCHUBERT, PAT  
Address 437 BOTTICELLI DRIVE  
City-State-Zip: NOKOMIS FL 34275

*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:** LAURA V. KOVAC

**SECRETARY**

**02/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date