

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724544

**Entity Name:** SORRENTO VILLAS, SECTION 5, ASSOCIATION, INC.

**Current Principal Place of Business:**

2477 STICKNEY PT. RD  
118A  
SARASOTA, FL 34231

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC1594567539**

**Current Mailing Address:**

2477 STICKNEY PT. RD  
118A  
SARASOTA, FL 34231

**FEI Number: 59-1651072**

**Certificate of Status Desired: No**

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

ANGUS PROPERTY MGMT  
2477 STICKNEY POINT RD #118A  
SARASOTA, FL 34231 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 P  
Name TOMPKINS, JIM  
Address 538 MIRO CIR  
City-State-Zip: NOKOMIS FL 34275

Title D  
Name FRIDDLE, HARLAN H  
Address 529 MODIGLIANI DR  
City-State-Zip: NOKOMIS FL 34275

Title D  
Name DORNBACH, CLAUDIA  
Address 525 MIRO CIRCLE  
City-State-Zip: NOKOMIS FL 34275

Title D  
Name HUBBARD, ANN C  
Address 541 MIRRO CIR.  
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR  
Name BRUNO, ROBERT  
Address 542 VILLA PK DR  
City-State-Zip: NOKOMIS FL 34275

Title T, TREASURER  
Name MCCOPPEN, JACK  
Address 533 MIRO CIR  
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: JIM TOMPKINS**

**PRES**

**03/31/2014**

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

\_\_\_\_\_  
Date