

**2015 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

**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:**

TOMPKINS, JIM  
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:** JIM TOMPKINS

02/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TOMPKINS, JIM  
Address 2477 STICKNEY POINT RD. 118A  
City-State-Zip: SARASOTA FL 34231

Title D  
Name FRIDDLE, HARLAN H  
Address 2477 STICKNEY POINT RD. 118A  
City-State-Zip: SARASOTA FL 34231

Title SECRETARY  
Name DORNBACH, CLAUDIA  
Address 2477 STICKNEY POINT RD. 118A  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name STETZ, DON  
Address 2477 STICKNEY POINT RD. 118A  
City-State-Zip: SARASOTA FL 34231

Title VP  
Name BRUNO, ROBERT  
Address 2477 STICKNEY POINT RD. 118A  
City-State-Zip: SARASOTA FL 34231

Title TREASURER  
Name MCCOPPEN, JACK  
Address 2477 STICKNEY POINT RD. 118A  
City-State-Zip: SARASOTA, FL 34231

*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

**PRESIDENT**

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date