## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 724544** 

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

**FILED** Aug 03, 2023 Secretary of State 3409424843CC

## **Current Principal Place of Business:**

C/O REALMANAGE

2477 STICKNEY POINT ROAD SUITE 118-A

SARASOTA, FL 34231

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 59-1651072 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JAMES W MALLONEE PA 946 TAMIAMI TRAIL SUITE 206 PORT CHARLOTTE, FL 33953 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: JAMES W MALLONEE 08/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title **SECRETARY** 

Name PHILLIPS, DONALD Name BLACKMAN, JENNIFER

Address C/O REALMANAGE Address C/O REALMANAGE

2477 STICKNEY POINT ROAD SUITE 2477 STICKNEY POINT ROAD SUITE 118-A 118-A

SARASOTA FL 34231 SARASOTA FL 34231 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

SANTOS, HEIDI PAVELOCK, MARIA Name Name

C/O REALMANAGE Address C/O REALMANAGE Address 2477 STICKNEY POINT ROAD SUITE 2477 STICKNEY POINT ROAD SUITE

> 118-A 118-A

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

Title **DIRECTOR** Title VΡ

Name MCCOPPEN, JACK Name BABICH, PATRICIA

Address C/O REALMANAGE Address C/O REALMANAGE

2477 STICKNEY POINT ROAD SUITE 2477 STICKNEY POINT ROAD SUITE 118-A 118-A

City-State-Zip: SARASOTA FL 34231 SARASOTA FL 34231 City-State-Zip:

Title **TREASURER** 

Address

TOMPKINS, JAMES Name

C/O REALMANAGE

2477 STICKNEY POINT ROAD SUITE 118-A

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.

08/03/2023 SIGNATURE: DONALD PHILLIPS PRESIDENT