

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760123

**Entity Name:** SORRENTO CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**23305 OAK LANE  
SORRENTO, FL 32776**Current Mailing Address:**C/O ANGELA LANTRIP  
PO BOX 1282  
SORRENTO, FL 32776 US**FEI Number:** 59-2140510**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANTRIP, ANGELA D  
19216 LAKE SWATARA DRIVE  
EUSTIS, FL 32736 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:** ANGELA LANTRIP

01/21/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	LANTRIP, ANGELA D
Address	19216 LAKE SWATARA DR
City-State-Zip:	EUSTIS FL 32736

Title	TREASURER, TRUSTEE
Name	BOYD, WAYNE
Address	22902 CORONADO SOMERSET DR
City-State-Zip:	SORRENTO FL 32776

Title	SECRETARY, TRUSTEE
Name	FISHER, MAGGIE
Address	31701 LAWRENCE ST
City-State-Zip:	SORRENTO FL 32776

Title	TRUSTEE
Name	TREADWELL, GLEN
Address	PO BOX 194
City-State-Zip:	SORRENTO FL 32776

Title	TRUSTEE
Name	RAINS, MILTON
Address	32326 THOROUGHbred TRAIL
City-State-Zip:	SORRENTO FL 32776

Title	TRUSTEE
Name	WINDSOR, MAX
Address	22111 CORONADO SOMERSET DR
City-State-Zip:	SORRENTO FL 32776

*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:** ANGELA LANTRIP

CHAIRMAN

01/21/2025

Electronic Signature of Signing Officer/Director Detail

Date