

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000863

Entity Name: SORRENTO VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

69 CAVALLINI DR
NOKOMIS, FL 34275

Current Mailing Address:

69 CAVALLINI DR
NOKOMIS, FL 34275

FEI Number: 01-0609150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPPS, HOWARD LJR.
61 CAVALLINI DR
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 PD, PRESIDENT
Name HILSMAN, MARY .
Address 45 CAVALLINI DR.
City-State-Zip: NOKOMIS FL 34275

Title TD, TREASURY
Name CAPPS, HOWARD L
Address 61 CAVALLINI DR.
City-State-Zip: NOKOMIS FL 34275

Title VD, VICE PRESIDENT
Name FURPHY, THOMAS
Address 35 CAVALLINI DR.
City-State-Zip: NOKOMIS FL 34275

Title SD
Name O' DAY, JANICE
Address 71 CAVALLINI DRIVE
City-State-Zip: NOKOMIS FL 34275

Title SD
Name GRIFFIN, CHRIS
Address 11 CAVALLINI 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: HOWARD L. CAPPS, JR.

TREASURER

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date