

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90031 039 \*\*\*\*61.25

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 703944</b>                    |  |
| 1. Entity Name<br><b>VILLA SORRENTO INC</b> |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>2864 N E 33RD COURT<br/>FORT LAUDERDALE FL 33306</b> | Mailing Address<br><b>2864 N E 33RD COURT<br/>FORT LAUDERDALE FL 33306</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**00013016**



1st MOORE CR2E037 (10/04)

|                                                                     |                                                            |
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| 2. Principal Place of Business<br><b>2864 NE 33<sup>rd</sup> Ct</b> | 3. Mailing Address<br><b>2864 N.E. 33<sup>rd</sup> Ct.</b> |
| Suite, Apt. #, etc.                                                 | Suite, Apt. #, etc.                                        |

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| City & State<br><b>Ft. Lauderdale FL</b> | City & State<br><b>Ft. Lauderdale FL</b> |
| Zip<br><b>33306</b>                      | Country<br><b>Broward</b>                |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1031949</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><b>BALLOW, JAMES W<br/>2864 N E 33RD COURT<br/>APT 101<br/>FORT LAUDERDALE FL 33306</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Erika Fitzsimmons</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2864 N.E. 33<sup>rd</sup> Ct. # 210</b><br>City <b>Ft. Lauderdale</b> FL Zip Code <b>33306</b> |  |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Erika Fitzsimmons* **Erika Fitzsimmons, Treasurer 2/8/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FITZSIMMONS, ERIKA<br>2864 NE 33RD CT.<br>FT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b><br>Dan Antonellis<br>2864 N.E. 33 <sup>rd</sup> Ct<br>Ft. Lauderdale FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>WALSH, SEAN<br>2864 N E 33RD COURT<br>FORT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President</b><br>Robert Selke<br>2864 N.E. 33 <sup>rd</sup> Ct<br>Ft. Lauderdale, FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BALLOW, JAMES W<br>2864 N E 33RD COURT<br>FORT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Treasurer</b><br>Erika Fitzsimmons<br>2864 N.E. 33 <sup>rd</sup> Ct<br>Ft. Lauderdale FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WHEELER, MARY<br>2864 NE 33RD. CT.<br>FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COMERFORD, LARAIN<br>2864 N E 33RD COURT<br>FORT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b><br>James W. Ballow<br>2864 N.E. 33 <sup>rd</sup> Ct.<br>Ft. Lauderdale, FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Erika Fitzsimmons* **Erika Fitzsimmons 2/8/05 954-565-2819**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #