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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

725773

(6)

| SORRENTO VILLAS OF NAPLES, INC. | | | | | | | | | | | | |
|---|-----------------|---|---------------------|--------------------------------------|-----------------|-------------|--|--|--------------------------------|----------------------|--------------------------|--|
| Principal Plac | ce of Busines | SS | Ma | iling Address | | | | | ISBN MLDRE SLØSS BLOTI | | OU DIEN KOEL | |
| 1400 POMPEI NAPLES FL 33 | | | | 10 6TH AVE. N. PLES FL 34102-5603 | | | | | | | • | |
| US | | | | | | | | 3. Date Incorporated or Qualified 03/09/1973 | 3a. Date of 1 02/2 | ast Re 6/199 | | |
| Principal Place of Business 21 | | | | 2a. Mailing Address | | | | 4. FEI Number Applied For S9-1665463 Not Applicable | | | | |
| Suite, Apt. #, etc | | | Suite, Apt. #, etc. | | | | ······································ | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | | | May Be | |
| 23 Zip | Zip Country | | | Zip Country | | | , | Trust Fund Contribution 8. This corporation has liability for it | | *********** | 199.032, | |
| 24 | 25 | | | 29 30 | | | | Florida Statutes Yes No | | | | |
| | 9. Namo | e and Address of Curren | t Regis | tered Agent | | | | 10. Name and Address of New Reg | istered Agent | | | |
| | | | | | | 81 | Name | | | | | |
| COLLIER CONDOMINIUM MANAGEMENT, INC. 1040 6TH AVENUE NORTH | | | | | | 82 | Street Add | ss (P.O. Box Number is Not Acceptable) | | | | |
| | S FL 33940 | | | | | 83 | | | | | | |
| | | | | | | 84 | City | | FL 85 | Zip C | ode | |
| office or | registered a | sions of Sections 617.050 gent, or both, in the State vith, and accept the obligi | of Floric | la. Such change was | authorize | d by | y the corpora | rporation submits this statement for the p ation's board of directors. I hereby accep | rpose of chan | ging its int as i | registered registered | |
| SIGNATURE | | ····· | | | | | | | | | | |
| 12. | Signature, type | d or printed name of registered age OFFICERS AN | | | TE: Registere | d Age | ent eignature requ | ulred when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE FRS AND DIRE | CTOR | S IN 12 | |
| TITLE | STD | OTTIOETO AT | Dinec | DELETE | 1.17 | TLF | | ADDITIONS OF A VIOLES TO CITIO | C | | Addition | |
| NAME | | NS, JACK | | | 1.2 N | | | | | • | | |
| STREET ADDRESS | | OMPEI LANE #41 | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | NAPLE | | | | | | ST-ZIP | | | | | |
| TITLE | PD | <u> </u> | | DELETE | 2.1 1 | | 27. 217 | | C | ange | Addition | |
| NAME | | SON, ROBERT | | | 22 N | AME | | | | | | |
| STREET ADDRESS | | OMPEI LANE #43 | | | | | T ADDRESS | | | | | |
| CITY-ST-ZIP | NAPLE | | | | 1 | | ST-ZIP | | | | | |
| TITLE | VO | <u> </u> | | ☐ DELETE | 3.1 T | | | | ci | ange | Addition | |
| NAME | 1 | IINSON, JIM | | | 3.2 N | AME | | | | | | |
| STREET ADDRESS | | OMPEI LANE, #42 | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | NAPLE | | | | | | ST-ZIP | | | | | |
| TITLE | 7.17 11 10/14 | · т. : - П | | ☐ DELETE | 4.1 T | | | | C | ange | Addition | |
| NAME | | | | | 4.21 | VAME | | | | | | |
| STREET ADDRESS | | | | | 4.3 \$ | TREET | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 1 | | ST-21P | | | | | |
| TITLE | T | | | DELETE | 5.1 Ti | | | | C | ange | Addition | |
| NAME | | | | | 5.2 N | IAME | | | | | | |
| STREET ADDRESS | : | | | | 5.3 S | TREET | T ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | | | ST-ZIP | | | | | |
| TITLE | | | | | | | | | | | A Julie - | |
| | | | | DELETE | 6.1 T | ITLE | | | <u></u> □ c | iarige | Addition | |
| NAME | | | | LT DELETE | 6.1 Ti 6.2 N | | | | | arige | L.J Addition | |
| | | | | LT DELETE | 6.2 N | AME | T ADDRESS | | | narige | L.J AQQIDION | |
| STREET ADDRESS CITY - ST - ZIP | 3 | | | LT DELETE | 6.2 N 6.3 S | ame Tree | T ADORESS ST- 2IP | | c | arige | LJ ADDITION | |

14. I do 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 annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE: Robert addensor Robber Branson

FILED

Mar 07 1997 8:00am

Secretary of State