

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90041 017 \*\*\*\*61.25

DOCUMENT # 725773

1. Entity Name

SORRENTO VILLAS OF NAPLES, INC.

Principal Place of Business

Mailing Address

1400 POMPEI LANE  
 NAPLES FL 33940  
 US

1040 6TH AVE. N.  
 NAPLES FL 34102-5603

2. Principal Place of Business

3. Mailing Address

690 95<sup>TH</sup> AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples

City & State

City & State

FL.

4. FEI Number

59-1665463

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIER CONDOMINIUM MANAGEMENT, INC.  
 1040 6TH AVENUE NORTH  
 NAPLES FL 33940

7. Name and Address of New Registered Agent

Name VPV Property Management

Street Address (P.O. Box Number is Not Acceptable)

690 95<sup>TH</sup> Ave. N.

City Naples, FL.

FL

Zip Code

34108

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.

SIGNATURE *Vincent P. Valentine - manager*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-24-00

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	MARTENS, JACK	
STREET ADDRESS	1400 POMPEI LANE #41	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>ADAMSON, ROBERT</del>	
STREET ADDRESS	1400 POMPEI LANE #43	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>HUTCHINSON, JIM</del>	
STREET ADDRESS	1400 POMPEI LANE, #42	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WARD, EVA VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 Pompei Ln. #56	
STREET ADDRESS	Naples, FL.	
CITY-ST-ZIP		
TITLE	Kestov, Millie #52 TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 POMPEI LN.	
STREET ADDRESS	NAPLES	
CITY-ST-ZIP		
TITLE	Keller, Rita D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1400 Pompei Ln. #1	
STREET ADDRESS	Naples, FL.	
CITY-ST-ZIP		
TITLE	Bergman, Larry D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1400 Pompei Ln. #26	
STREET ADDRESS	Naples, FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*SIGNATURE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)