NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90168 029 ****61.25

DOCUMENT # 725773

1. Entity Name
SORRENTO VILLAS OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 Pompei Ln.	1040 6th Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34103 Country: Collier	Zip: 34102 Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 1665463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Vincent P. Valentini

Street Address (P.O. Box Number is Not Acceptable): 1040 6th Ave. N.

City: Naples FL Zip Code: 34102

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. Valentini 4-22-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	PD
NAME	Mitchell, Janet
STREET ADDRESS	1400 Pompei Ln. #34
CITY-ST-ZIP	Naples, FL 34103
TITLE	VD
NAME	Ryan, John
STREET ADDRESS	11571 Woodmount Ln.
CITY-ST-ZIP	Estero, FL 33928
TITLE	S-D
NAME	MacLean, Tracy
STREET ADDRESS	1400 Pompei Ln. #35
CITY-ST-ZIP	Naples, FL 34103
TITLE	TD
NAME	Martens, John
STREET ADDRESS	1400 Pompei Ln. #41
CITY-ST-ZIP	Naples, FL 34103
TITLE	D
NAME	Laughlin, Joan
STREET ADDRESS	1400 Pompei Ln. #28
CITY-ST-ZIP	Naples, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Martens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #