


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90058 019 ****61.25

DOCUMENT # 725773 --					
1. Entity Name SORRENTO VILLAS OF NAPLES, INC.					
Principal Place of Business 1400 POMPEI LANE NAPLES FL 33940 US		Mailing Address 1040 6TH AVE N NAPLES FL 34102			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1665463	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALENTINI, VINCENT P 1040 6TH AVE N NAPLES FL 34102 <i>A-2 PAID 2308 2/17/04</i>			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, JOHN		NAME	Mitchell, Janet	
STREET ADDRESS	11571 WOODMOUNT LN		STREET ADDRESS	1400 Pompei Ln. #34	
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP	Naples, FL 34103	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLIN, JOAN		NAME	Laughlin, Joan	
STREET ADDRESS	1400 POMPEI LN #28		STREET ADDRESS	1400 Pompei Ln. #28	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	FSD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLEAN, TRACY		NAME	CHURCH, TAMRE	
STREET ADDRESS	1400 POMPEI LN #35		STREET ADDRESS	1400 Pompei Ln. #42	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERB, ED		NAME	ERB, ED	
STREET ADDRESS	1400 POMPEI LN #20		STREET ADDRESS	1400 Pompei Ln. #20	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONIPINTO, RAY		NAME		
STREET ADDRESS	1400 POMPEI LN #40		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Edward Erb</i>			Date: 2-10-04 (239) 262-6491		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		