


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 003 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1665463	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTINI, VINCENT P 1040 6TH AVE N NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, JANET 1400 POMPEI LN #34 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUGHLIN, JOAN 1400 POMPEI LN #28 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIELE, ROBERT 1400 POMPEI LN #22 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB ERB, ED 1400 POMPEI LN #20 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE B NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONIPINTO, RAY 1400 POMPEI LN #40 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE B NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bergman, Larry 1400 Pompei Ln. #26 Naples, FL 34103	<input type="checkbox"/> Delete		TITLE B NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diener, Heidi 1400 Pompei Ln. #32 Naples, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4. FEI Number
59-1665463

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MITCHELL, JANET	
STREET ADDRESS	1400 POMPEI LN #34	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAUGHLIN, JOAN	
STREET ADDRESS	1400 POMPEI LN #28	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIELE, ROBERT	
STREET ADDRESS	1400 POMPEI LN #22	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VB	<input checked="" type="checkbox"/> Delete
NAME	ERB, ED	
STREET ADDRESS	1400 POMPEI LN #20	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PONIPINTO, RAY	
STREET ADDRESS	1400 POMPEI LN #40	
CITY-ST-ZIP	NAPLES, FL 34103	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE B	Bergman, Larry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1400 Pompei Ln. #26	
STREET ADDRESS	Naples, FL 34103	
CITY-ST-ZIP		
TITLE B	Diener, Heidi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1400 Pompei Ln. #32	
STREET ADDRESS	Naples, FL 34103	
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 exemptions contained in Chapter 119, 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: Joan Laughlin, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07
Date

Daytime Phone #