2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725773

FILED Apr 18, 2009 Secretary of State

Entity Nan	ne: SORREN	NTO VILLAS OF NAPLES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1400 POMF NAPLES, F		JS				
Current Mailing Address:			New Mailing Address:			
1040 6TH <i>F</i> NAPLES, F						
FEI Number: 59-1665463 FEI Number Applied For ()		El Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
1040 6TH A NAPLES, F	L 34102 l	JS				
The above in the State		submits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	:E:					
	Electro	nic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT (MITCHELL, JA 1400 POMPEI NAPLES, FL 3	LN #34	Title: Name: Address: City-St-Zip:	T (X) Change () Addition MITCHELL, JANET 1400 POMPEI LN #34 NAPLES, FL 34103		
Title: Name: Address: City-St-Zip:	V (LAUGHLIN, JO 1400 POMPEI NAPLES, FL 3	LN #28	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD (MIELE, ROBEI 1400 POMPEI NAPLES, FL 3	LN #22	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (HAMPTON, BR 1400 POMPEI NAPLES, FL 3	LANE #74	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition HAMPTON, BRYANT 1400 POMPEI LANE #74 NAPLES, FL 34103		
Title: Name: Address: City-St-Zip:	D (BLASUCCI, MI 1400 POMPEI NAPLES, FL 3	LANE #53	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT P. VALENTINI MR. 04/18/2009