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

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90102 016 ****61.25

DOCUMENT # 725713

1. Entity Name
~~SORRENTO VILLAS CONDOMINIUM ASSN, INC.~~
SORRENTO VILLAS OF NAPLES, INC.

IU038235

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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: USA	Zip: 34102 Country: USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Vincent P. Valentini — 3-10-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	JOHN RYAN	NAME	
STREET ADDRESS	11571 WOODMOUNT LN.	STREET ADDRESS	
CITY-ST-ZIP	ESTERO, FL. 33928	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	JOAN LAUGHLIN	NAME	
STREET ADDRESS	1400 POMPEI LN. #28	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34103	CITY-ST-ZIP	
TITLE	TSD	TITLE	
NAME	TRACY MACLEAN	NAME	
STREET ADDRESS	1400 POMPEI LN. #35	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34103	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ED ERB	NAME	
STREET ADDRESS	1400 POMPEI LN. #20	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34103	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RAY PONIPINTO	NAME	
STREET ADDRESS	1400 POMPEI LN. #40	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34103	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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: Joan Laughlin — 2-14-03