

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

FILED

02 JUN 17 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9600000 6490

1. Entity Name

The Sorrento at The Colony Condominium
Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23650 Via Veneto

Suite, Apt. #, etc.

#104

City & State

Bonita Springs

Zip

34134

Country

USA

3. Mailing Address

23650 Via Veneto

Suite, Apt. #, etc.

#104

City & State

Bonita Springs

Zip

34134

Country

USA

4. FEI Number

59 3416297

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

James D. Ahling

Street Address (P.O. Box Number is Not Acceptable)

23650 Via Veneto

#104

City

Bonita Springs

FL

Zip Code

34134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

James D. Ahling

6/10/02

(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	P
NAME	John Grout
STREET ADDRESS	23650 Via Veneto #403
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	V/S
NAME	Marion Weinberger
STREET ADDRESS	23650 Via Veneto #702
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	T
NAME	Donald Eslick
STREET ADDRESS	23650 Via Veneto #604
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D
NAME	Gerard McLaughlin
STREET ADDRESS	23650 Via Veneto #1501
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D
NAME	Robert Frise
STREET ADDRESS	23650 Via Veneto #901
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Donald F. Eslick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald F. Eslick

6/10/02

239-949-8508

Date

Daytime Phone #

CR2E037B (12/01)