

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1996 & 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name 995000059920 VILLA SORRENTO OF SARASOTA, INC.	

FILED
97 JUN 17 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1590 N. LOCKWOOD RIDGE RD SARASOTA, FL 34237	Mailing Address (SAME)
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2. Principal Place of Business 21 1590 N. LOCKWOOD RDG RD Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FL Zip 24 342437		2a. Mailing Address 26 6270 N. LOCKWOOD RIDGE RD Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FL Zip 29 34243		3. Date Incorporated or Qualified 8-3-95 3a. Date of Last Report 8-3-95		4. FEI Number 65-0596714 Applied For Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
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9. Name and Address of Current Registered Agent MARIA NICOLOSI 4950 WATERBRIDGE DOWN SARASOTA, FL 34235-7317				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>Maken Nicolesi</i> Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering) DATE:	
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12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PD/VPD/D MARIA NICOLOSI 4950 WATERBRIDGE DOWN SARASOTA, FL 34235-7317				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.				000002216239-9 -06/18/97--01092--007 ****365.00 365.00 6-17-97 1996 & 1997 A/R			

SIGNATURE: <i>Maken Nicolesi</i>	
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6/9/97

The Dept. of State,

The 1996 annual report was filed last year, but, apparently it was lost in the mail. I spoke with Sean Toner since I did not receive my renewal for 1997. I am enclosing the annual renewal & fees per his instructions.

Thank you for your assistance.

Sincerely,

Maria Nicolosi
Maria Nicolosi, President

RE: Villa Sorrento of Sarasota, Inc