

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 326177 1. Entity Name THE SCOTTSDALE CO.	
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Principal Place of Business 4200 GULFSHORE BLVD. NORTH NAPLES, FL 34103 US	Mailing Address 4200 GULFSHORE BLVD. NORTH NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2495903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATALANO, ANTHONY J
4001 TAMiami TRAIL N
SUITE 250
NAPLES, FL 34103

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000528121
05/05/06-80023-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTGERT, S.F. 4200 GULFSHORE BLVD. N. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAKER, R.J 4200 GULF SHORE BLVD N NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GUTMAN, H.B. 4200 GULFSHORE BLV N. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSTON, GARY 4200 GULFSHORE BLVD N. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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 607, 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:  Howard B. Gutman **VP** **3/30/06** **(239) 261-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #