

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

**FILED**  
**Jan 27, 1999 8:00am**  
**Secretary of State**

01-27-1999 90022 001 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G13720**

1. Corporation Name  
**PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4200 GULF SHORE BLVD N  
 NAPLES FL 34103  
 US**

Mailing Address  
**4200 GULF SHORE BLVD N  
 NAPLES FL 34103  
 US**

3. Date Incorporated or Qualified  
**12/16/1982**

4. FEI Number  
**59-2258867**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATALANO, ANTHONY J  
 4001 TAMiami TRAIL N  
 SUITE 404  
 NAPLES FL 34103**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>LUTGERT, SCOTT F</b>
STREET ADDRESS	<b>4200 GULF SHORE BLVD N</b>
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KENDALL, TODD</b>
STREET ADDRESS	<b>4300 GULF SHORE BLVD N</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>BAKER, RICHARD J</b>
STREET ADDRESS	<b>4200 GULF SHORE BLVD., NORTH</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>VTAS</b> <input type="checkbox"/> DELETE
NAME	<b>GUTMAN, HOWARD B</b>
STREET ADDRESS	<b>4200 GULF SHORE BLVD., NORTH</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-261-6161

Date Daytime Phone #

CR2E034 (11/98)