

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J93608 (4)**

1. Corporation Name  
**LE PARC DEVELOPERS OF NAPLES, INC.**



Principal Place of Business <b>% SCOTT F. LUTGERT                  4200 GULF SHORE BLVD NORTH                  NAPLES FL 33940</b>	Mailing Address <b>% SCOTT F. LUTGERT                  4200 GULF SHORE BLVD NORTH                  NAPLES FL 34103-3436</b>
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3. Date Incorporated or Qualified <b>09/23/1987</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>65-0009806</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>34103</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 <b>34103</b>
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9. Name and Address of Current Registered Agent

**LUTGERT, SCOTT F.  
 4200 GULF SHORE BLVD. NORTH  
 NAPLES FL 33940**

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 **34103**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>LUTGERT, SCOTT F.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUTGERT, SCOTT F.</b>		1.2 NAME	
STREET ADDRESS <b>4200 GULF SHORE BLVD N.</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP <b>NAPLES FL</b>		1.4 CITY- ST- ZIP <b>ZIP CODE 34103</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>LUTGERT, RAYMOND L.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUTGERT, RAYMOND L.</b>		2.2 NAME	
STREET ADDRESS <b>4200 GULF SHORE BLVD</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>NAPLES FL</b>		2.4 CITY- ST- ZIP <b>ZIP CODE 34103</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>BAKER, RICHARD J.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAKER, RICHARD J.</b>		3.2 NAME	
STREET ADDRESS <b>4200 GULF SHORE BLVD</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>NAPLES FL</b>		3.4 CITY- ST- ZIP <b>ZIP CODE 34103</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>GUTMAN, HOWARD B.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUTMAN, HOWARD B.</b>		4.2 NAME	
STREET ADDRESS <b>4200 GULF SHORE BLVD</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP <b>NAPLES FL</b>		4.4 CITY- ST- ZIP <b>ZIP CODE 34103</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(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 incorporator or organizer 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 in an attached form with an address.

SIGNATURE:  **HOWARD B. GUTMAN** (941) 261-6100

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

CR2E034 (9/96)