

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhan  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K03624 (9)**

1. Corporation Name  
**VISTAS DEVELOPERS OF NAPLES, INC.**



Principal Place of Business: **C/O SCOTT F. LUTGERT  
4200 GULF SHORE BLVD., NORTH  
NAPLES FL 33940**

Mailing Address: **C/O SCOTT F. LUTGERT  
4200 GULF SHORE BLVD., NORTH  
NAPLES FL 33940**

3. Date Incorporated or Qualified: **11/23/1987**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **65-0045262** 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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

**9. Name and Address of Current Registered Agent**

**LUTGERT, SCOTT F.  
4200 GULF SHORE BOULEVARD, 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

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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 607.0105, Florida Statutes.

SIGNATURE

Signature of person being changed (see Block 9)

Signature of New Agent (see Block 10)

Date

**12. OFFICERS AND DIRECTORS**

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LUTGERT, SCOTT F.	
STREET ADDRESS	4200 GULF SHORE BLVD. NO	
CITY-STATE-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUTGERT, RAYMOND L.	
STREET ADDRESS	4200 SHORE BLVD NO.	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD J.	
STREET ADDRESS	4200 GULF SHORE BLVD NO	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GUTMAN, HOWARD B.	
STREET ADDRESS	4200 GULF SHORE BLVD NO.	
CITY-STATE-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief. I am not qualified for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this 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 this corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or addition of officer or director with an address.

**SIGNATURE:** **HOWARD B. GUTMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-72-96 (941) 261-6100**  
Date Filed Office

CR2E034 (12/95)