


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # K03624 1. Entity Name VISTAS DEVELOPERS OF NAPLES, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business C/O SCOTT F. LUTGERT 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103 US | Mailing Address C/O SCOTT F. LUTGERT 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103 US |
|--|--|



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0045262 | 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

LUTGERT, SCOTT F.
4200 GULF SHORE BOULEVARD, NORTH
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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

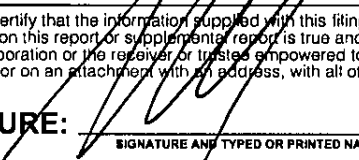
10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LUTGERT, SCOTT F. 4200 GULF SHORE BLVD. NO NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BAKER, RICHARD J. 4200 GULF SHORE BLVD NO NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT GUTMAN, HOWARD B. 4200 GULF SHORE BLVD NO. NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000932392
05/22/08-80052-011 150.00

**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**
Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/18/2008** Daytime Phone # **(239) 261-6100**