



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000524 1. Entity Name THE LUTGERT FOUNDATION, INC.	
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Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103	Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE

	
04122007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3719019	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 NORTH
 STE 250
 NAPLES, FL 34103

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

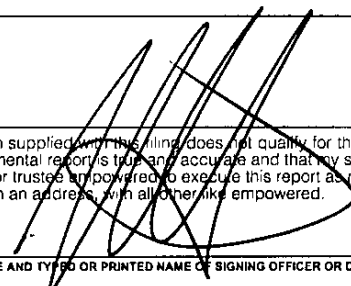
9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTGERT, RAYMOND L 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTGERT, SCOTT F 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTMAN, HOWARD B 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000735212
 05/10/07-80024-021 61.25

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 617, 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** Director Date **4/13/07** (239) 261-6100

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