

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000063317

1. Entity Name
 ARIA OF NAPLES, INC.



Principal Place of Business
 4200 GULF SHORE BOULEVARD NORTH
 NAPLES, FL 34103

Mailing Address
 4200 GULF SHORE BOULEVARD NORTH
 NAPLES, FL 34103



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1202884	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
 SUITE 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000528230
 05/05/06-80027-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 *r.p.* 3/30/06 (239) 261-6100

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