

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90120 003 \*\*\*150.00

**DOCUMENT # P05000081194**

1. Entity Name  
**PREMIER PROPERTIES OF SARASOTA, INC.**



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

Mailing Address  
**4200 GULF SHORE BLVD NORTH  
 NAPLES, FL 34103**

**66009648**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**20-2960619**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATALANO, ANTHONY J  
 4001 TAMiami TRAIL NORTH SUITE 250  
 NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President  
 Howard B. Gutman  
 4200 Gulfshore Blvd N  
 Naples, FL 34103**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #