


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P92000014102  
 1. Entity Name  
 COMMERCIAL MANAGEMENT OF COLLIER COUNTY, INC.



Principal Place of Business  
 4200 GULF SHORE BLVD. NORTH  
 NAPLES, FL 34103-3436

Mailing Address  
 4200 GULF SHORE BLVD. NORTH  
 NAPLES, FL 34103-3436



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0375400

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

**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 reappointing) \_\_\_\_\_ 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**

TITLE	PV
NAME	LUTGERT, SCOTT F
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VS
NAME	BAKER, RICHARD J
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VT
NAME	GUTMAN, HOWARD B
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000528234  
 05/05/06-80027-018 150.00

**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 V.P. 3/30/06 (239) 261-6100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #