

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000076282 (9)**

1. Corporation Name
- VISTAS AT EAGLE WATCH, INC. -
VISTAS AT BONITA BAY, INC.



Principal Place of Business
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940**

Mailing Address
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

25

29

30

9. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 33940**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

4. FEI Number
65-0622621

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.0603, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P LUTGERT, SCOTT F.
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH NAPLES, FLORIDA 33940
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/S BAKER, RICHARD J.
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH NAPLES, FLORIDA 33940
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/T/AS GUTMAN, HOWARD B.
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH NAPLES, FLORIDA 33940
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied herein by this voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this report is true and accurate. Supplemental annual report is true and accurate and had my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and that the corporation is a corporation organized by or under the laws of the State of Florida, and that my name appears in Block 12 or Block 13 of this report. I am familiar with, and accept the obligations of, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

HOWARD B. GUTMAN

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)261-6100

CR2E034 (12/95)