## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

			<del></del>	3	. <u>-</u> >ест	etary oi State
1. Entity Nam	MENT # P950000762 AT BONITA BAY, INC.			SCCI	cary or state	
Principal Place of Business  4200 GULF SHORE BLVD. NORTH  NAPLES, FL 34103 US  Mailing Address  4200 GULF SHORE BLVD. NOR  NAPLES, FL 34103 US  NAPLES, FL 34103 US			RTH			
D	O NOT WRITE	CE	03112004 No Chg-P CR2E034 (10/03)  4. FEI Number			
	6. Name and Address of Current Re	gistered Agent				
CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103			Andreas and the state of the st	· <del></del>	OT WR	
	named entity submits this statement for the ions of registered agent.				the State of Florida	a. I am familiar with, and accept
FIL After M	Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fina	ncing \$5	.00 May Be		DATE
10.	OFFICERS AND DI	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUTGER, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL					
RITLE MAME STREET ADDRESS CITY-ST-ZIP	DVS BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL			Q	1/0/00001 14/29/0 <b>4-</b> 8	41174 0191-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DORESS 4200 GULF SHORE BLVD N NAPLES, FL  DVTA GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL  DORESS			DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP  THEE  NAME  STREET ADDRESS  CITY-ST-ZIP				,		

12. I hereby certify that the information supplies with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplighential/sport/s tue 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 of troopies explowered 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 atomic supplies with an other like empowered.

Howard B. Gutman

SIGNATURE:

TIFLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

(239) 261-6100

Daytime Phone #