2004 FOR PROFIT CORPORATION

Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000021803 EAGLE WATCH PROPERTIES, INC. Principal Place of Business Mailing Address 4200 GULF SHORE BLVD NORTH 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103 NAPLES, FL 34103 CR2E034 (10/03) 02262004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0741350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CATALANO, ANTHONY J DO NOT WRITE 4001 TAMIAMI TRAIL NORTH STE 250 NAPLES, FL 34103 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE SCOTT F LUTGERT NAME 000000141176 04/29/04-80191-019 150.00 4200 GULFSHORE BLVD N STREET ADDRESS CHY-ST-ZIP NAPLES, FL 34103 Tate **VPSD** RICHARD J BAKER MAME STREET ADDRESS 4200 GULFSHORE BLVD N CITY-ST-ZIP NAPLES, FL 34103 VTAS TITLE HOWARD B GUTMAN NAME STREET ADDRESS 4200 GULFSHORE BLVD N DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34103 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP HTLE

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director axecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ar life empowered I hereby certify that the information of indicated on this report or supplement of the corporation or the receive changed, or on an attachment

SIGNATURE:

MARKE STREET ADDRESS CITY-ST-ZIP

Howard B. Gutman

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 261-6100

Daytime Phone #

FILED