

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011927 (6)
 1. Corporation Name
VILLAGE III, INC.



Principal Place of Business 4200 GULF DORE BLVD. NORTH NAPLES FL 33940	Mailing Address 4200 GULF DORE BLVD. NORTH NAPLES FL 33940
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1996	3a. Date of Last Report
21	22	23	24	4. FEI Number 65-0669026	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	26	27	28		
34103					

9. Name and Address of Current Registered Agent				10. Name and Address of New 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 34103			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	SCOTT F. LUTGERT
STREET ADDRESS		1.3 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY - ST - ZIP		1.4 CITY - ST - ZIP	NAPLES, FLORIDA 34103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RICHARD J. BAKER
STREET ADDRESS		2.3 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY - ST - ZIP		2.4 CITY - ST - ZIP	NAPLES, FLORIDA 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VTASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HOWARD B. GUTMAN
STREET ADDRESS		3.3 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY - ST - ZIP		3.4 CITY - ST - ZIP	NAPLES, FLORIDA 34103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **HOWARD B. GUTMAN** (941) 261-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)