Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90038 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049198

1. Corporation Name

PROMENADE AT BONITA BAY, INC.

Principal Place of Business Mailing Address							- E 10031002) 150 (015) (00)) OBSIN OBSIN BONIN BONIN BONIN BONIN BONIN SOCIAL NOVA NOVA CONTRACTOR SOCIAL NOVA NODA	
•			O GULF SHORE BOULEV	/ARD NORTH				
NAPLES FL 34103			NAPLES FL 34103					DO NOT MIDITE IN THIS SPACE
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
	•							ļ ·
			84-11- A Janes					06/02/1997 4. FEI Number Applied For
2. Principal Pl	ace of Business		2a. Mailing Address					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21			Suite, Apt. #, etc.					65-0769004 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.			⊢ ''					5. Certificate of Status Desired Fee Required
22			27 City & State					6. Election Campaign Financing S5.00 May Be
City & State								Trust Fund Contribution Added to Fees
Zip Country		28	Zip Country					8. This corporation owes the current year Intangible
¬ ·	25	29	· .	30				Personal Property Tax.
24 25 9. Name and Address of Curren								10. Name and Address of New Registered Agent
	3. Name and Address of Currons	· itogia	, corone rigoni		81	Nar	ne	
CATA	ALANO, ANHTONY J					ļ		(D.O. Daw March on in Night Accomptable)
4001 TAMIAMI TRAIL NORTH #404						82 Street Add		ess (P.O. Box Number is Not Acceptable)
NAPLES FL 34103								
						ļ		
				·	84	City	,	FL 85 Zip Code
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 Stoophys breef or printed page of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agen			Register 13		nt signal	ure required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIKE	□ DELETE	_				Change Addition
TITLE	PD			1.1 TITLE 1.2 NAME		ļ		
NAME	SCOTT F LUTGERT					T + DOD		
STREET ADDRESS	4200 GULFSHORE BLVD N		•	1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34103		☐ DELETE	2.1 TITLE		T-ZIP	+-	☐ Change ☐ Addition
_TITLE	VPSD		□ bereie			2.2 NAME		
NAME					2.3 STREET ADDRESS			
STREET ADDRESS							:55	·
CITY-ST-ZIP	100 000 72 0110		2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change ☐ Addition		
TITLE	VTAS	INO		3.2 NAME				
NAME	HOWARD B GUTMAN				3.3 STREET ADDRESS			
STREET ADDRESS	4200 GOD GHORE DETO II				533			
CITY-ST-ZIP	NAPLES FL 34103			3.4. CITY-ST-ZIP		+-	☐ Change ☐ Addition	
TITLE								
NAME				4.2 NAME			•	
STREET ADDRESS	•			4.3 STREET ADDR		:55		
CITY-ST-ZIP			□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		+-	Change Addition	
TITLE			. □ NETE IE		NAME			_ s.ango _ roomon
NAME						TADDR	ESS	
CIDECT ANDRESS				3.0				

CITY-ST-ZIP ces no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the Block 12 or Block 13 if changed, or on an with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HOWARD B

DELETE

Change

☐ Addition