PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000011927

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90038 021 ***150.00

VILLAGE	III, INC.		•							
Principal Place	e of Business	Mailin	g Address				- 4 10011041 110 10110 B)11 00111 01	PRO A B OLD V B (B f) (881 11818 1 8 11	18 (181) (84) (88)
4200 GULF DORE BLVD. NORTH 4200 GULF DORE BLVD. NORTH										
NAPLES FL 34103 NAPLES FL 34103								IN TURO (20405	
us us							DO NOT WR	TE IN THIS	SPACE	
	-						3. Date Incorporated or Qualifed			j
							02/07/1996		 	Lad Far
	tace of Business	_	ailing Address				4. FEI Number		J	Applied For Not Applicable
21 26							65-0669026			Additional
			Suite, Apt. #, etc.				5. Certifcate of Status Desired			Required
22 City & Stat		27	ity & State				6. Election Campaign Financing			May Be
<u> </u>	e	28	ny a Oldio				Trust Fund Contribution			i to Fees
Zíp	Country	Zi		Coun	try		8. This corporation owes the cur	rent vear Inta		
24	25	29		30	•		Personal Property Tax.		☐ Yes	□No
4-91	9. Name and Address of Currer	 _					10. Name and Address of New	Registered A	\gent	
					B1	Name				
CATALANO, ANTHONY J					32	Street Address (P.O. Box Number is Not Acceptable)				
4001 TAMIAMI TRAIL NORTH				[`	92	Street Addre	ess (F.O. Box Number is Not Accept	abio;		
SUIT	E 404	2.	•	1	В3					
NAPI	LES FL 34103			_	_		 		[ne] 7:-	Cada
			_	1	84	City		FL	1 1 '	Code
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations are sections.	ations of, Se	ecuon 607.0505, Flon	ua Siaiui	.65.				tment as	registered
	Signature, typed or printed name of registered age		 		gent	t signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	n nibech	TOPS IN 12
12,	OFFICERS AI	ND DIRECT	DELETE	13.	_		ADDITIONS/CHANGES TO OR	FICERS AN	Change	
TITLE	PD				-					
NAME	LUTGERT, SCOTT F	D. T. I		1.2 NAM			•			
STREET ADDRESS	l .	KIM				ADORESS				ĺ
CITY-ST-ZIP	NAPLES FL		☐ DELETE	1.4 CITY		r-ZIP			Change	e 🔯 Addition
TITLE	VSD-		□ pereie	2.1 TITL						
NAME	BAKER, RICHARD J	DTI I		2.2 NAV						į
STREET ADDRESS		KIH				ADDRESS	_			
CITY-ST-ZIP	NAPLES FL		DELETE	2. 4 CIT		T-ZIP			☐ Change	Addition
TITLE	VTSD		Dettir	3.2 NAM						
NAME	GUTMAN, HOWARD B	DTU		1		***************************************				ļ.
STREET ADDRESS		КІП		1		ADDRESS	•			
CITY-ST-ZIP	NAPLES FL		☐ DELETE	3.4. CIT 4.1 TITL		I-ZIP		<u></u> -	☐ Change	e
TITLE		,	[_] OLLLIE	4. 2 NA						
NAME						***************************************				
STREET ADDRESS	[.					ADDRESS				.]
CITY-ST-ZIP			☐ DELETE	4.4 C/TY 5.1 TITL		1-417			☐ Chang	e Addition
TITLE	}			5.1 IIIL		ł				
NAME CEDEST ADDRESS)					ADDRESS	•			[
STREET ADDRESS				5.4 CITY						
CITY-ST-ZIP			☐ DELETE	6.1 TITL					Change	e Addition
TITLE				6.2 NAW						_ "
NAME		11				ADDRESS				ļ
STREET ADDRESS	1	// //	11	64.00		T 710				

CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered 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 indicated on this annual report or supplement officer or director of the corporation or his de Block 12 or Block 13 if changed, or an an applied.

SIGNATURE:

(941) 261-6100