

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K03624

1. Entity Name
VISTAS DEVELOPERS OF NAPLES, INC.



Principal Place of Business
**C/O SCOTT F. LUTGERT
4200 GULF SHORE BLVD., NORTH
NAPLES, FL 34103 US**

Mailing Address
**C/O SCOTT F. LUTGERT
4200 GULF SHORE BLVD., NORTH
NAPLES, FL 34103 US**



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045262

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUTGERT, SCOTT F.
4200 GULF SHORE BOULEVARD, NORTH
NAPLES, FL 34103**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
LUTGERT, SCOTT F.
4200 GULF SHORE BLVD. NO
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LUTGERT, RAYMOND L.
4200 SHORE BLVD NO.
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BAKER, RICHARD J.
4200 GULF SHORE BLVD NO
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
GUTMAN, HOWARD B.
4200 GULF SHORE BLVD NO.
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000141128
04/29/04-80190-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Howard B. Gutman

4/27/04

(239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #