


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P92000014102 1. Entity Name COMMERCIAL MANAGEMENT OF COLLIER COUNTY, INC.	
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Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103-3436	Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103-3436
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0375400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH
SUITE 250
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PV LUTGERT, SCOTT F 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS BAKER, RICHARD J 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT GUTMAN, HOWARD B 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103
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04/29/04-80191-014 150.00

**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)(i), 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 #