

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # N00000000524

1. Entity Name  
THE LUTGERT FOUNDATION, INC.



Principal Place of Business  
4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103

Mailing Address  
4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3719019

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CATALANO, ANTHONY J  
4001 TAMiami TRAIL NORTH  
STE 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 \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME LUTGERT, RAYMOND L  
STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH  
CITY - ST - ZIP NAPLES, FL 34103

TITLE D  
NAME LUTGERT, SCOTT F  
STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH  
CITY - ST - ZIP NAPLES, FL 34103

TITLE D  
NAME GUTMAN, HOWARD B  
STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH  
CITY - ST - ZIP NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000141205  
04/30/04-80001-004 61.25

**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 617, 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 #