2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G13720

1. Entity Name
PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
4300 GULF SHORE BLVD N NAPLES, FL 34103 US	4300 GULF SHORE BLVD N NAPLES, FL 34103 US

03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2258867
☐ 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 N
SUITE 250
NAPLES, FL 34103

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUTGERT, SCOTT F
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 00000.
TITLE	V
NAME	KENDALL, TODD
STREET ADDRESS	4300 GULFSHORE BLVD N
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	JENSEN, DAVID W
STREET ADDRESS	4300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VTAS
NAME	GUTMAN, HOWARD B
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL
TITLE	VS
NAME	MC CARTHY, CATHERINE M
STREET ADDRESS	4300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	V
NAME	CLARK, BONNIE L
STREET ADDRESS	4300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103

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04/10/06-80006-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #