## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000011927

1. Entity Name
VILLAGE III, INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

4200 GULF DORE BLVD. NORTH NAPLES, FL 34103 US Mailing Address

4200 GULF DORE BLVD. NORTH NAPLES, FL 34103 US



DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0669026 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

(239) 261-6100

6. Name and Address of Current Registered Agent

CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol>  |  |      |   |  |  |
|---|--|------|---|--|--|
| SIGNATURE : (NOTE. Registered Agent signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating) DATE  |  |      |   |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00          |      | J. Election Campaign Financing Trust Fund Contribution. |  | U00000528123<br>- 05/05/06-80023-018-150-00  |
| 10.   | OFFICERS AND DIREC   | TORS |   | <u>*                                    </u> | م المنظم |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>LUTGERT, SCOTT F<br>4200 GULF SHORE BLVD NORTH<br>NAPLES, FL   |      |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>BAKER, RICHARD J<br>4200 GULF SHORE BLVD NORTH<br>NAPLES, FL  |      |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VT#D<br>GUTMAN, HOWARD B<br>4200 GULF SHORE BLVD NORTH<br>NAPLES, FL |      |   | DO   | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | **   |   | IN '   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      | **_   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      |   |  |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or suppliemental 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 of true-lee suppliemental report is 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. |  |      |   |  |  |

Howard B. Gutman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR