


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K03624</b> 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
--	--



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0045262	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  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000528127 05/05/06-80023-020 150.00
---	---	---

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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <b>Howard B. Gutman</b> <b>VP</b>	<b>3/30/06</b> Date	<b>(239) 261-6100</b> Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		