

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000063317

1. Entity Name
ARIA OF NAPLES, INC.



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

Mailing Address
4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1202884

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
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, 2006 Fee will be \$550.00

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

U00000528230
05/05/06-80027-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUTGERT, SCOTT F
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VT
NAME	GUTMAN, HOWARD B
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VD
NAME	BAKER, RICHARD J
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
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.

SIGNATURE:

Howard B. Gutman

r.p.

3/30/06

(239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #