



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # G13720</b> 1. Entity Name <b>PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.</b>						<b>FILED</b> <b>06 MAY 15 AM 10:45</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>4300 GULF SHORE BLVD N</b> <b>NAPLES, FL 34103 US</b>				Mailing Address <b>4300 GULF SHORE BLVD N</b> <b>NAPLES, FL 34103 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2258867</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>CATALANO, ANTHONY J</b> <b>4001 TAMiami TRAIL N</b> <b>SUITE 250</b> <b>NAPLES, FL 34103</b>				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) <b>8000T5553218</b> <b>05/31/06 - 01023 - 004 **\$1.25</b> City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 00000,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Rod F. Mease 4300 Gulf Shore Blvd N. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENDALL, TODD 4300 GULF SHORE BLVD N NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Steven M. Congrove 4300 Gulf Shore Blvd N. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENSEN, DAVID W 4300 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Andrew P. Desalvo 4300 Gulf Shore Blvd N. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS GUTMAN, HOWARD B 4200 GULF SHORE BLVD., NORTH NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Daniel N. Guoan 4300 Gulf Shore Blvd N. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MC CARTHY, CATHERINE M 4300 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Steven C. Bailey 4300 Gulf Shore Blvd N. Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, BONNIE L 4300 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 5/22/06		
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 reports 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Howard B. Gutman 4/25/06 239-261-6100 <small>Date Daytime Phone #</small>			