


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J93608</b> 1. Entity Name LE PARC DEVELOPERS OF NAPLES, INC.	
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Principal Place of Business % SCOTT F. LUTGERT 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103 US	Mailing Address % SCOTT F. LUTGERT 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103 US
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**DO NOT WRITE IN THIS SPACE**



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0009806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LUTGERT, SCOTT F. 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

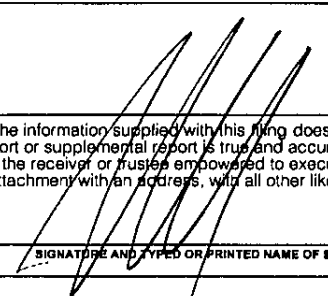
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LUTGERT, SCOTT F. 4200 GULF SHORE BLVD N. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, RICHARD J. 4200 GULF SHORE BLVD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GUTMAN, HOWARD B. 4200 GULF SHORE BLVD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/08-80052-017. 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:**  **Howard B. Gutman**  
Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4/18/2008** Daytime Phone # **(239) 261-6100**