

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 326177

**FILED**  
**Mar 20, 2015**  
**Secretary of State**  
**CC8163913525**

**Entity Name:** THE SCOTTSDALE CO.

**Current Principal Place of Business:**

4200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

4200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103 US

**FEI Number:** 36-2495903

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREGORY, C. NEIL  
4001 TAMiami TRAIL N  
SUITE 250  
NAPLES, FL 34103 US

*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.*

**SIGNATURE:** C. NEIL GREGORY

03/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name LUTGERT, SCOTT F  
Address 4200 GULF SHORE BLVD. N.  
City-State-Zip: NAPLES FL 34103

Title PRESIDENT, DIRECTOR  
Name GUTMAN, HOWARD B  
Address 4200 GULF SHORE BLV N.  
City-State-Zip: NAPLES FL 34103

Title VP, ASST. SECRETARY  
Name SHEETS, THOMAS S  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title SECRETARY, TREASURER  
Name CROWLEY, DAVID M  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title VP  
Name BRINGARDNER, THOMAS A JR.  
Address 4200 GULF SHORE BLVD. N.  
City-State-Zip: NAPLES FL 34103

Title VP, DIRECTOR  
Name HOYT, MICHAEL T  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD B. GUTMAN

PRESIDENT, DIRECTOR

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date