

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K03624

**FILED  
Mar 20, 2015  
Secretary of State  
CC2191469717**

**Entity Name:** VISTAS DEVELOPERS OF NAPLES, INC.

**Current Principal Place of Business:**

C/O SCOTT F. LUTGERT  
4200 GULF SHORE BLVD., NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

C/O SCOTT F. LUTGERT  
4200 GULF SHORE BLVD., NORTH  
NAPLES, FL 34103 US

**FEI Number:** 65-0045262

**Certificate of Status Desired:** No

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

LUTGERT, SCOTT F.  
4200 GULF SHORE BOULEVARD, NORTH  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DVP  
Name           LUTGERT, SCOTT F  
Address        4200 GULF SHORE BLVD. NO  
City-State-Zip: NAPLES FL 34103

Title           VP  
Name           HOYT, MICHAEL T  
Address        4200 GULF SHORE BLVD NO  
City-State-Zip: NAPLES FL 34103

Title           VPT  
Name           GUTMAN, HOWARD B  
Address        4200 GULF SHORE BLVD NO.  
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

VPT

03/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date