



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 757476</b> 1. Entity Name VENETIAN ESTATES, INC.			
Principal Place of Business 4200 GULF SHORE BLVD., N. NAPLES, FL 34103 US		Mailing Address 4200 GULF SHORE BLVD., N. NAPLES, FL 34103 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03232006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  CATALANO, ANTHONY J 4001 TAMiami TRAIL N SUITE 250 NAPLES, FL 34103		<b>DO NOT WRITE IN THIS SPACE</b>	
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)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000531443 05/06/06-80044-014 61.25	
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	LUTGERT, RAYMOND L		
STREET ADDRESS	4200 GULF SHORE BLVD N		
CITY-ST-ZIP	NAPLES, FL		
TITLE	VD		
NAME	LUTGERT, SCOTT F		
STREET ADDRESS	4200 GULF SHORE BLVD N		
CITY-ST-ZIP	NAPLES, FL		
TITLE	STD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	BAKER, RICHARD J		
STREET ADDRESS	4200 GULF SHORE BLVD N		
CITY-ST-ZIP	NAPLES, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 617, 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: _____		Scott F. Lutgert (239) 261-6100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	