FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:05

DOCUMENT # G13720 (9)

1. Corporation Name
PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
4200 GULF SHORE BLVD N NAPLES FL 33940	4200 GULF SHORE BLVD N NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1982
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2258867 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CATALANO, ANTHONY J 4001 TAMIAMI TRAIL N SUITE 404 NAPLES FL 33940-5702	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	11 TITLE	P ☒ Change ☐ Addition
NAME	LUTGERT, SCOTT F	12 NAME	LUTGERT, SCOTT F.
STREET ADDRESS	4200 GULF SHORE BLVD N	13 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP	NAPLES, FLORIDA 33940
TITLE	PD	21 TITLE	V ☐ Change ☒ Addition
NAME	LUTGERT, SCOTT F	22 NAME	WITHERS, ROGER D.
STREET ADDRESS	4200 GULF SHORE BLVD N	23 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	NAPLES, FLORIDA 33940
TITLE		31 TITLE	VS ☐ Change ☒ Addition
NAME		32 NAME	BAKER, RICHARD J.
STREET ADDRESS		33 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP		34 CITY-ST-ZIP	NAPLES, FLORIDA 33940
TITLE		41 TITLE	VT ASSIST. SEC. ☐ Change ☒ Addition
NAME		42 NAME	GUTMAN, HOWARD B.
STREET ADDRESS		43 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP		44 CITY-ST-ZIP	NAPLES, FLORIDA 33940
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information indicated with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: HOWARD B. GUTMAN VP 3/27/95 813-261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

032071 CR