

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # J93608**

1. Entity Name  
LE PARC DEVELOPERS OF NAPLES, INC.



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



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0009806	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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	LUTGERT, SCOTT F.
STREET ADDRESS	4200 GULF SHORE BLVD N.
CITY- ST- ZIP	NAPLES, FL

TITLE	VPD
NAME	BAKER, RICHARD J.
STREET ADDRESS	4200 GULF SHORE BLVD
CITY- ST- ZIP	NAPLES, FL

TITLE	VPT
NAME	GUTMAN, HOWARD B.
STREET ADDRESS	4200 GULF SHORE BLVD
CITY- ST- ZIP	NAPLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000528222  
05/05/06-80027-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard B. Gutman

3/30/06

(239) 261-6100

Date

Daytime Phone #