

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000063317

1. Entity Name
ARIA OF NAPLES, INC.



**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90319 004 ***150.00

Principal Place of Business
4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103

Mailing Address

4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04172008 Chg-P CR2E034 (12/06)
40003440
Barcode
4. FEI Number
65-1202884
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH
SUITE 250
NAPLES, FL 34103

Name
Robert C. Zundel, Jr.
Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
Suite 250
City
Naples FL Zip Code
34103

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

Robert C. Zundel, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Howard B. Gutman
Howard B. Gutman
Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008 (239) 261-6100

Date

Daytime Phone #