


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000028896 1. Entity Name THE RESIDENCES AT THE MERCATO, INC.	
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Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103	Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103
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04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2463684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMiami TRAIL NORTH SUITE 250 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

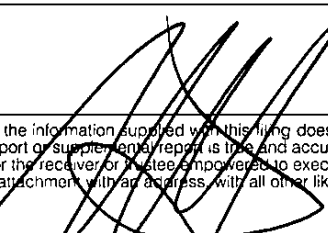
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, RICARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BOAZ, BRADLEY F 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABLE, LAMAR 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINELLI, PAUL J 4200 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80096-016 150.00

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:  **Howard B. Gutman**
President
4/13/07 (239) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #