## . 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000049198

1. Entity Name

PROMENADE AT BONITA BAY, INC.



Principal Place of Business

Mailing Address

4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103

4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103

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



04122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0769004

ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

4/13/07

(239) 261-6100

Howard B. Gutman

Vice President

SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CATALANO, ANHTONY J 4001 TAMIAMI TRAIL NORTH #250 NAPLES, FL 34103

12. I hereby certify that the information of indicated on this report or supplement of the corporation or the receiver of the changed, or on an attachment with a

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   |  |  | IN THIS SPACE |                                |  |
|---|--|--|---------------|--------------------------------|--|
|   | named entity submits this statement for the plans of registered agent.   | purpose of changing its registered o                     | ffice or r    | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE   | Signature, typed or printed name of registered agent and title   | l applicable. (NOTE: Registered Age                      | nt signature  | e required when reinstating)   | DATE   |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00  | Election Campaign Financing     Trust Fund Contribution. | , 0           | \$5.00 May Be<br>Added to Fees |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT PD SCOTT F LUTGERT 4200 GULFSHORE BLVD N NAPLES, FL 34103 VPSD RICHARD J BAKER 4200 GULFSHORE BLVD N NAPLES, FL 3413 VTAS HOWARD B GUTMAN 4200 GULFSHORE BLVD N NAPLES, FL 34103 | CTORS  |               | DO NOT WRITE                   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |  |  |               | IN '                           | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | 4  |               | •                              | U00000733685<br>05/09/07-80096-011 150.00                    |
| TITLE NAME STREET ADDRESS   | 111  |  |               |                                | 0960961_90090_011_190*00                                     |