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FILED  
Aug 19, 2002 8:00 am  
Secretary of State

04-17-2002 90091 033 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005818  
1. Entity Name  
IBIS POINTE III AT CARLTON LAKES, INC. ✓

Principal Place of Business Mailing Address  
6025 CARLTON LAKES BLVD. 6025 CARLTON LAKES BLVD.  
NAPLES FL 34110 NAPLES FL 34110

2. Principal Place of Business 3. Mailing Address  
Advanced Property Mgmt Service Advanced Property Mgmt Service  
37 Mentor Drive 37 Mentor Drive  
City & State City & State  
Naples FL 34110 Naples FL 34110



DO NOT WRITE IN THIS SPACE  
65-1067755  
4. FEI Number APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SWALM & BOURGEOU, P.A.  
2375 TAMiami TRAIL N. #308  
NAPLES FL 34103

7. Name and Address of New Registered Agent  
Name  
Advanced Property Mgmt Service  
37 Mentor Drive  
City Naples FL 34110 FL Zip Code

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.  
SIGNATURE Susan L. Thompson SUSAN L. THOMPSON 3/16/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting) DATE

FILE NOW: FEE IS \$81.25  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSSEN, CHRISTOPHER G 6025 CARLTON LAKES BLVD. NAPLES FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSSEN, ROBERT G 6025 CARLTON LAKES BLVD. NAPLES FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, JACK 6025 CARLTON LAKES BLVD. NAPLES FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL LEISTEN 5265 BIRMINGHAM DR. #202 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIO WOLF 5260 BIRMINGHAM DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE LYLE 5265 BIRMINGHAM DR. #102 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET BODDALL 5270 BIRMINGHAM DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD GARRETT 5275 BIRMINGHAM DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.  
SIGNATURE: AL LEISTEN  
Date Daytime Phone #

CR25037 (8/01)