


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90119 032 \*\*\*\*61.25

<b>DOCUMENT # N0000005818</b>					
1. Entity Name IBIS POINTE III AT CARLTON LAKES, INC.					
Principal Place of Business ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIR., STE 104 BONITA SPRINGS, FL 34134			Mailing Address ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIR., STE 104 BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262004 Chg-NP CR2E037 (10/03)	
Zip		Zip		4. FEI Number 65-1067755	
Country		Country		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			7. Name and Address of New Registered Agent		
ADVANCED PROPERTY MGMT SERVICES C/O SUSAN L. THOMPSON 3350 WOODS EDGE CIR., STE. 104 BONITA SPRINGS, FL 34134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEISTEN, AL		NAME		
STREET ADDRESS	5265 BIRMINGHAM DR #202		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLF, MARIO		NAME		
STREET ADDRESS	5265 BIRMINGHAM DR #101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTLE, JANE		NAME	LYTLE, JANE	
STREET ADDRESS	5265 BIRMINGHAM DR #102		STREET ADDRESS	5265 Birmingham Dr. #102	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, RICHARD		NAME		
STREET ADDRESS	5275 BIRMINGHAM DR #101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, RICHARD		NAME	CATANIA, RICHARD	
STREET ADDRESS	5285 BIRMINGHAM DRIVE #202		STREET ADDRESS	5285 BIRMINGHAM DR. #202	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address, with all other like empowered.					
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/1/27/04	
				Daytime Phone #	

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