

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90084 024 \*\*\*\*61.25

<b>DOCUMENT # N96000006317</b>					
<b>1. Entity Name</b> EDGEWATER AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110			<b>Mailing Address</b> ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CENTER WAY, #7. NAPLES, FL 34110		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0720326	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> TRUTNAU, THEODORE <b>STREET ADDRESS</b> 5130 COBBLE CREEK COURT, #102 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> Trutnau, Theodore <b>STREET ADDRESS</b> 5130 Cobble Creek Ct. #102 <b>CITY-ST-ZIP</b> Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> SULLIVAN, ED <b>STREET ADDRESS</b> 5140 COBBLE CREEK COURT #101 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> Sullivan, Ed <b>STREET ADDRESS</b> 5140 Cobble Creek Ct. #101 <b>CITY-ST-ZIP</b> Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> GRISTY, ROBERT <b>STREET ADDRESS</b> 5125 COBBLE CREEK COURT, #103 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> Anthony Alva <b>STREET ADDRESS</b> 5115 Cobble Creek Ct. #204 <b>CITY-ST-ZIP</b> Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> LOWE, ELEANOR <b>STREET ADDRESS</b> 5120 COBBLE CREEK COURT #104 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Robert Murphy <b>STREET ADDRESS</b> 5125 Cobble Creek Ct. #104 <b>CITY-ST-ZIP</b> Naples, FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DD <b>NAME</b> HAYES, MICHAEL <b>STREET ADDRESS</b> 5115 COBBLE CREEK COURT #102 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> Hayes, Michael <b>STREET ADDRESS</b> 5115 Cobble Creek Ct. #102 <b>CITY-ST-ZIP</b> Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b>			Date: <u>4/25/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					