

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90289 012 ****61.25

DOCUMENT # N98000003179

1. Entity Name

CYPRESS POINTE II AT CARLTON LAKES, INC.

Principal Place of Business

2405 PIPER BLVD.
 NAPLES FL 34110
 US

Mailing Address

37 MENTOR DR.
 NAPLES FL 34110
 US

2. Principal Place of Business

Advanced Property Mgmt Service

37 Mentor Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State
Naples FL 34110

City & State

Zip Country

Zip Country

4. FEI Number **65-0902434**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, SUSAN L
37 MENTOR DR.
NAPLES FL 34110

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	SPERANZA, VINCENT M
STREET ADDRESS	5370 ANDOVER #201
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> Delete
NAME	SLAMA, RICHARD
STREET ADDRESS	5370 ANDOVER #201
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> Delete
NAME	MURPHY, WILLIAM
STREET ADDRESS	5345 ANDOVER #201
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> Delete
NAME	DUDLEY, DEBRA
STREET ADDRESS	5335 ANOOVER, STE 202
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> Delete
NAME	MOORE, JOHN F
STREET ADDRESS	5345 ANDOVER #201
CITY-ST-ZIP	NAPLES FL 34110
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)