

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90147 047 \*\*\*\*61.25

**DOCUMENT # N98000004660**

1. Entity Name  
**CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.**

Principal Place of Business *c/o* Mailing Address   
**2405 PIPER BOULEVARD** **2405 PIPER BOULEVARD**  
**NAPLES FL 34110** **NAPLES FL 34110-1387**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Property Management Professionals of SW Florida**  
 Suite, Apt. #, etc. **100 Vineyards Blvd.**  
 City & State **Naples, FL 34109**

3. City & State

4. FEI Number **65-0810670** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SWALM & MURRELL, P.A.**  
**2375 TAMiami TRAIL NORTH**  
**SUITE 308**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name **Property Management Professionals of SW Florida**  
 Street **100 Vineyards Blvd.**  
 City **Naples, FL 34109**  
 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 *Christopher Clausen* **4-28-00**  
Signature, typed or printed name of registered agent and title if applicable (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CLAUSSEN, CHRISTOPHER</b> <b>2405 PIPER BOULEVARD</b> <b>NAPLES FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CLAUSSEN, ROBERT</b> <b>2405 PIPER BOULEVARD</b> <b>NAPLES FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STERLING, JACK</b> <b>2405 PIPER BOULEVARD</b> <b>NAPLES FL 34110</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *Christopher Clausen* **4-28-00** **941-596-9067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)