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FILED

May 21, 2002 8:00 am
Secretary of State

04-10-2002 90665 006 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004660

1. Entity Name

CARLTON LAKES HOMEOWNERS / ASSOCIATION, INC.

Principal Place of Business

2405 PIPER BOULEVARD
NAPLES FL 34110

Mailing Address

% W SCHOO MGMT. INC
9411 CYPRESS LAKE DR. STE 2
FORT MYERS FL 33919

2. Principal Place of Business

Advanced Property Mgmt Service

Suite, Apt. #, 37 Mentor Drive

Naples FL 34110

3. Mailing Address

Advanced Property Mgmt Service

Suite, Apt. #, etc. 37 Mentor Drive

Naples FL 34110



DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0810670

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W.W. SCHOO MANAGEMENT INC.
9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS FL 33919

Name

Street

City

Advanced Property Mgmt Service
37 Mentor Drive
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

3/14/02

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAUSSEN, CHRISTOPHER 2405 PIPER BOULEVARD NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAUSSEN, ROBERT 2405 PIPER BOULEVARD NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERLING, JACK 2405 PIPER BOULEVARD NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOU COSTANZA 6014 HIGHWOOD PARK LANE NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARIE SCOTT 6101 HIGHWOOD PARK LANE NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YVONNE TOSCANO 6065 HIGHWOOD PARK LANE NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRED JONTZA 6069 HIGHWOOD PARK CT. NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORRIS JOHNSON 6066 HIGHWOOD PARK CT. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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

3/14/02

Date

Daytime Phone #