

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 040 ****61.25

DOCUMENT # N98000004660

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



Principal Place of Business
**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34110**

Mailing Address
**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34110**



2. Principal Place of Business
**Paradise Property Management Group Inc.
828 Anchor Road Drive
Naples Florida**

3. Mailing Address
**828 Anchor Road Drive
Naples FL**

☒ CHECK HERE IF MAKING CHANGES

Zip
34103

Country

Zip
34103

Country

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

**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34110**

**Paradise Property Management Group Inc.
828 Anchor Road Drive
Naples FL 34103**

7. Name and Address of New Registered Agent

Name **PARADISE PROPERTY management Group Inc**
Street Address (P.O. Box Numbers Not Acceptable)
828 Anchor Road Dr.
City **Naples, Florida** Zip Code **34103 FL**

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 **Paradise Property Management Group Inc Chief Wums** DATE **3-25-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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: **Paradise Property Management Group Inc**

3/26/2003

239 254-1262

CR2E037 (10/02)