

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90225 044 ****61.25

DOCUMENT # N99000000129

1. Entity Name

CYPRESS POINTE III AT CARLTON LAKES, INC.

Principal Place of Business

2405 PIPER BLVD
 NAPLES FL 34110

Mailing Address

2405 PIPER BLVD
 NAPLES FL 34110-1387

2. Principal Place of Business

**Property Management
 Professionals of SW Florida
 100 Vineyards Blvd.
 Naples, FL 34109**

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

FEI Number **59-3551696** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWALM & MURRELL PA
 2375 TAMiami TRAIL N STE 308
 NAPLES FL 33940**

Name **Property Management
 Professionals of SW Florida
 100 Vineyards Blvd.
 Naples, FL 34109**
 Street
 City 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  **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D <input type="checkbox"/> Delete	CLAUSSEN, CHRISTOPHER G	2405 PIPER BLVD	NAPLES FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete	CLAUSSEN, ROBERT G	2405 PIPER BLVD	NAPLES FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete	STERLING, JACK	2405 PIPER BLVD	NAPLES FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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 reports 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:  **4-28-00 941-596-9067**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (9/99)