

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0072865

DOCUMENT # N99000000129

1.. Entity Name

CYPRESS POINTE III AT CARLTON LAKES, INC.

05-17-2001 90404 007 ****61.25

Principal Place of Business

**2405 PIPER BLVD
 NAPLES FL 34110**

Mailing Address

**PROPERTY MANAGEMENT PROS. OF SW FLORIDA
 100 VINEYARDS BLVD
 NAPLES FL 34109**

00053894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ADVANCED PROP. MGMT. SVC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

37 MENTOR DR.

City & State

City & State

NAPLES, FL

4. FEI Number

59-3551696

Applied For

Not Applicable

Zip

Country

Zip

34110

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWALM & MURRELL PA
 PROPERTY MANAGEMENT PROS OF SW FLORIDA
 100 VINEYARDS BLVD
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **SUSAN L. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)

37 MENTOR DR.

City **NAPLES**

FL

Zip **34110**

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**

3/29/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	HORST KISSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5300 ANDOVER #202	
CITY-ST-ZIP			NAPLES, FL 34110	
TITLE	D	NAME	EDWARD EAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5300 ANDOVER #102	
CITY-ST-ZIP			NAPLES, FL 34110	
TITLE	D	NAME	MARC TOUGAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5330 ANDOVER #201	
CITY-ST-ZIP			NAPLES, FL 34110	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **MARC TOUGAS**

3/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)