

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 91516 021 ****61.25

DOCUMENT # N99000000129

1. Entity Name

CYPRESS POINTE III AT CARLTON LAKES, INC.

Principal Place of Business

Mailing Address

**2405 PIPER BLVD
NAPLES FL 34110****ADVANCED PROP MGMT SVC
37 MENTOR DR
NAPLES FL 34110**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Advanced Property Mgmt Service

3. Mailing Address

**37 Mentor Drive
Naples FL 34110**

Suite, Apt. #, etc.

City & State

City & State

4. 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

**THOMPSON, SUSAN
37 MENTOR DR
NAPLES FL 34110**

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **D** ☐ Delete
NAME **KISSEL, HORST**
STREET ADDRESS **5300 ANDOVER #202**
CITY-ST-ZIP **NAPLES FL 34110**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **EAMES, EDWARD**
STREET ADDRESS **5300 ANDOVER #102**
CITY-ST-ZIP **NAPLES FL 34110**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TOUGAS, MARC**
STREET ADDRESS **5330 ANDOVER #201**
CITY-ST-ZIP **NAPLES FL 34110**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)