

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002828

1. Entity Name

LAKEVIEW IV AT CARLTON LAKES CONDOMINIUM ASSOCIA

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90274 014 ****61.25

Principal Place of Business

Mailing Address

2405 PIPER BLVD.
NAPLES FL 34110

2405 PIPER BLVD.
NAPLES FL 34110-1387

2. Principal Place of Business

3. Mailing Address

GPMI

Suite, Apt. #, etc.

2338 Immokalee Rd. #109

City & State

Naples, FL

Zip

34110

Country

USA



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

Zip

34110

Country

USA

4. FEI Number

65-0810694

Applied For

Not Applicable

5. Certificate of Status Desired

☐ Additional

\$8.75 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWALM & MURRELL, P.A.
2375 TAMiami TR. N., STE. 308
NAPLES FL 34103

Name GPMI

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

2338 Immokalee Rd.

Bonita Springs

FL

Zip Code 34135

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

Marion E. Gallant

4/29/00

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Milarcik, Sr.	
STREET ADDRESS	5010 Cedar Springs Dr. #202	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Denno	
STREET ADDRESS	5020 Cedar Springs Dr. #204	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Heineman	
STREET ADDRESS	5030 Cedar Springs Dr. #201	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Don Milarcik, Sr.

04-17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)