FILED
Jun 19, 2003 8:00 am
Secretary of State
04-28-2003 90273 030 ****61.25

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

DOCUMENT # N97000002828

1. Entity Name
LAKEVIEW IV AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.

55048983

[redacted]

☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
ADVANCED PROPERTY 37 MENTOR DRIVE NAPLES FL 34110	ADVANCED PROPERTY 37 MENTOR DRIVE NAPLES FL 34110

2. Principal Place of Business	3. Mailing Address
Advanced Property Management Service, Inc. etc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134	Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134
Zip / Country	Zip / Country

4. FEI Number 65-0810694 ☐ Applied For ☐ Not Applicable

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
ADVANCED PROPERTY MANAGEMENT 37 MONTOR DRIVE NAPLES FL 34110	Name: Susan L. Thompson Street Address (P.O. Box Number Not Acceptable): Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 City: Bonita Springs, FL 34134 Zip Code: 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: Susan L. Thompson 5-14-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILARCIK, DON SR 5010 CEDAR SPRINGS DR #202 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD milarcik, Don Sr. 5010 Cedar Springs Drive # 202 Naples, FL. 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DENNO, BILL 5020 CEDAR SPRINGS DR #204 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SD maiden, Carole 5020 Cedar Springs Dr #104 Naples, FL. 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOORE, BALLARD 5030 CEDAR SPRINGS DRIVE #101 NAPLES FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer TD Giuliani, Michael 5030 Cedar Springs Dr #203 Naples, FL. 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRENNAN, BONNIE 5030 CEDAR SPRINGS DRIVE #102 NAPLES FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIULIANI, MICHAEL 5030 CEDAR SPRINGS DRIVE #203 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Mike Giuliani 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #