

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90162 010 \*\*\*\*61.25

DOCUMENT # N00000003662  
1. Entity Name  
IBIS Pointe AT Carlton Lakes Commons  
INC

30534

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3. Mailing Address  
Advanced Property Mgmt Service  
37 Mentor Drive  
Naples FL 34110

4. FEI Number  
65-1051672  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Advanced Property Mgmt Service  
37 Mentor Drive  
Naples FL 34110 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 *Susan L. Thompson* SUEAN L. THOMPSON 3/16/02  
DATE

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN LYTLE 5265 Birmingham Dr # 102 Naples, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN WEISS 5245 Birmingham Dr # 202 Naples, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN COUNADIS 5205 Birmingham Dr # 101 Naples, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN COSTA 5215 Birmingham Dr # 102 Naples, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD DEMARIA 5250 Birmingham Dr # 102 Naples, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2ED37B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other, if empowered.  
SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR