


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90120 024 \*\*\*\*61.25

**DOCUMENT # N0000003662**

1. Entity Name  
**IBIS POINTE AT CARLTON LAKES COMMONS, INC.**



Principal Place of Business  
**ADVANCED PROPERTY MGMT SERVICE  
 3350 WOODS EDGE CIR STE 104  
 BONITA SPRINGS, FL 34134**

Mailing Address  
**ADVANCED PROPERTY MGMT SERVICE  
 3350 WOODS EDGE CIR STE 104  
 BONITA SPRINGS, FL 34134**

42016063



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-1051672**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THOMPSON, SUSAN L**  
**3350 WOODS EDGE CIR STE 104**  
**BONITA SPRINGS, FL 34134**

*Advanced Property Management*

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | LYTLE, DEAN              |  |
| STREET ADDRESS | 5265 BIRMINGHAM DR # 102 |  |
| CITY-ST-ZIP    | NAPLES, FL 34110         |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | RASIWALA, GWEN           |  |
| STREET ADDRESS | 5235 BIRMINGHAM DR #201  |  |
| CITY-ST-ZIP    | NAPLES, FL 34110         |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | COUNADIS, JOHN           |  |
| STREET ADDRESS | 5205 BIRMINGHAM DR # 101 |  |
| CITY-ST-ZIP    | NAPLES, FL 34110         |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | COSTA, JOAN              |  |
| STREET ADDRESS | 5215 BIRMINGHAM DR # 102 |  |
| CITY-ST-ZIP    | NAPLES, FL 34110         |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | DEMARIA, RICHARD         |  |
| STREET ADDRESS | 5250 BIRMINGHAM DR # 102 |  |
| CITY-ST-ZIP    | NAPLES, FL 34110         |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | DT                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RASIWALA, ADAM           |  |
| STREET ADDRESS | 5235 Birmingham Dr #201  |  |
| CITY-ST-ZIP    | NAPLES, FL 34110         |  |
| TITLE          | DVP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Counadis, John           |  |
| STREET ADDRESS | 5205 Birmingham Dr. #101 |  |
| 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    |                          |  |

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 address, with all other like empowered.

SIGNATURE:  *4/30/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #