


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90382 038 \*\*\*\*61.25

DOCUMENT # N00000003662

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**

**50016187**

**%Gulf Breeze Mgmt. Svcs. of SW FL, LLC**

2. Principal Place of Business  
**8910 Terrene Court**  
 Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Bonita Springs, FL**

Zip  
**34135**

Country  
**USA**

**%Gulf Breeze Mgmt. Svcs. of SW FL, LLC**

3. Mailing Address  
**8910 Terrene Court**  
 Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Bonita Springs, FL**

Zip  
**34135**

Country  
**USA**



01052006 Chg-NP CR2E037 (11/05)

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**  
**ADVANCED PROPERTY MGMT.**  
**BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

Name **Weidner, Ralph L.**  
**%Gulf Breeze Mgmt. Svcs. of SW FL, LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8910 Terrene Court**  
**Suite 200**  
 City  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ralph Weidner* **Weidner, Ralph L.** **March 14, 2006**

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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	<b>LYTLE, DEAN</b>	
STREET ADDRESS	<b>5265 BIRMINGHAM DR # 102</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<b>RASIWALA, ADAM</b>	
STREET ADDRESS	<b>5235 BIRMINGHAM DR., #201</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	<b>COUNADIS, JOHN</b>	
STREET ADDRESS	<b>5205 BIRMINGHAM DR # 101</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	<b>COSTA, VONI</b>	
STREET ADDRESS	<b>5215 BIRMINGHAM DR 102</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wiess, Martin</b>	
STREET ADDRESS	<b>5245 Birmingham Drive, #202</b>	
CITY-ST-ZIP	<b>Naples, FL 34110</b>	
TITLE	P/D	<input checked="" 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 exemptions contained in Chapter 119, 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: *John Counadis* **John Counadis** **2/10/06** **254-9257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # VD