


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

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90170 034 \*\*\*\*61.25

DOCUMENT # **N00000003662**

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



Principal Place of Business      Mailing Address

**ADVANCED PROPERTY MGMT SERVICE**  
**37 MENTOR DRIVE**  
**NAPLES FL 34110**

**ADVANCED PROPERTY MGMT SERVICE**  
**37 MENTOR DRIVE**  
**NAPLES FL 34110**

2. Principal Place of Business Management      3. Principal Place of Business Management

**Advanced Property Management Service, Inc.**  
Suite, Apt. #, etc.  
**3350 Woods Edge Circle, Ste 104**  
**Bonita Springs, FL 34134**

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Suite, Apt. #, etc.  
**3350 Woods Edge Circle, Ste 104**  
**Bonita Springs, FL 34134**



CHECK HERE IF MAKING CHANGES

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

**ADVANCED PROPERTY MGMT SERVICE**  
**37 MENTOR DR**  
**NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **Susan L. Thompson**  
Street Address (P.O. Box Number is Not Acceptable)  
**Advanced Property Management Service, Inc.**  
City **3350 Woods Edge Circle, Ste 104**      Zip Code  
**Bonita Springs, FL 34134**

8. The above named entity submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan L. Thompson*      **SUSAN L. THOMPSON**      DATE

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

**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

TITLE	<b>D</b>	<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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEISS, MARTIN</b>	
STREET ADDRESS	<b>5245 BIRMINGHAM DR # 202</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSTA, JOAN</b>	
STREET ADDRESS	<b>5215 BIRMINGHAM DR # 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEMARIA, RICHARD</b>	
STREET ADDRESS	<b>5250 BIRMINGHAM DR # 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RASINALA, GWEN</b>	
STREET ADDRESS	<b>5235 BIRMINGHAM DR # 201</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
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: *Susan L. Thompson*      **SUSAN L. THOMPSON**      5/4/03 (239) 597-8081

CR2E037 (10/02)