


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90197 002 ****61.25

DOCUMENT # N00000004174	
1. Entity Name OSPREY ISLE I AT CARLTON LAKES, INC.	

Principal Place of Business ADVANCED PROPERTY MANAGEMENT SVC, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134	Mailing Address ADVANCED PROPERTY MANAGEMENT SVC, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134
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40082710



2. Principal Place of Business Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	3. Mailing Address Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110
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02212006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1067752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MGMT. SERVICE, INC. 3350 WOODS EDGE CIRCLE, SUITE 104 BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name Advanced Property Management Service, Inc. Street Address 1035 Collier Center Way, #7 City Naples, FL 34110 FL Zip Code
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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* **SUSAN L. THOMPSON, AGENT** **02/21/06**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KINGDON, FRANK 5425 WORTHINGTON LN 204 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOOTH, CHRIS 5425 WORTHINGTON LANE #201 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROLLINS, LESLIE 5420 WORTHINGTON LANE #104 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERWAGER, KIMBERLY 5425 WORTHINGTON LANE #203 NAPLES, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SPERO, DAVID 5410 WORTHINGTON LANE, #203 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPERO, DAVID 5410 WORTHINGTON LANE #203 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kimberly Berwager* **4-27-2006** **(239)6593816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #