


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90052 040 \*\*\*\*61.25

<b>DOCUMENT # N00000004174</b> 1. Entity Name <b>OSPREY ISLE I AT CARLTON LAKES, INC.</b>					
Principal Place of Business <b>ADVANCED PROPERTY MANAGEMENT SVC, INC</b> <b>1035 COLLIER CENTER WAY, #7</b> <b>NAPLES, FL 34110</b>			Mailing Address <b>ADVANCED PROPERTY MANAGEMENT SVC, INC</b> <b>1035 COLLIER CENTER WAY, #7</b> <b>NAPLES, FL 34110</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADVANCED PROPERTY MANAGEMENT SVCS, INC 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 <u>Susan Thompson</u> DATE <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, CHRIS		NAME	David Spero	
STREET ADDRESS	5425 WORTHINGTON LANE, #201		STREET ADDRESS	5410 Worthington Lane	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSLINE, JAMES		NAME	Leslie Rollins	
STREET ADDRESS	5410 WORTHINGTON LANE #102		STREET ADDRESS	5420 Worthington Lane #104	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DST <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPERO, DAVID		NAME	John Heller	
STREET ADDRESS	5410 WORTHINGTON LANE, #203		STREET ADDRESS	5430 Worthington Lane #101	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	James Gasline	
STREET ADDRESS			STREET ADDRESS	5410 Worthington Lane #102	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>David K. Spero</u>			Date: <u>3/10/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		