

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90069 029 ****61.25

DOCUMENT # N00000004174

1. Entity Name

OSPREY ISLE I AT CARLTON LAKES, INC.



Principal Place of Business

**37 MENTOR DR
NAPLES FL 34110**

Mailing Address

**37 MENTOR DR
NAPLES FL 34110**

Advanced Property Management

Service, Inc.
Suite, Apt. #, etc.

**3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

Advanced Property Management

Service, Inc.
Suite, Apt. #, etc.

**3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1067752**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN L
37 MENTOR DR
NAPLES FL 34103**

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

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

Susan L. Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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	D	<input type="checkbox"/> Delete
NAME	BOOTH, CHRIS	
STREET ADDRESS	5425 WORTHINGTON LN 201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKHOLD, JONAS	
STREET ADDRESS	5410 WORTHINGTON LN 103	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINGDON, FRANK	
STREET ADDRESS	5425 WORTHINGTON LN 204	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Booth, Chris	
STREET ADDRESS	5425 Worthington Lane #201	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rockhold, Jonas	
STREET ADDRESS	5410 Worthington Lane #103	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	Secy/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kingdon, Frank	
STREET ADDRESS	5425 Worthington Lane #204	
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 an address, with all other like empowered.

SIGNATURE:

Chris Booth **CHRIS BOOTH**

4/30/03

CR2E037 (10/02)