



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90252 044 ****61.25

DOCUMENT # N01000002282 1. Entity Name SPOONBILL COVE AT CARLTON LAKES, INC.			
Principal Place of Business 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110		Mailing Address 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110	
%Gulf Breeze Mgmt. Svcs. of 2. Principal Place of Business SW FL, LLC 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State Bonita Springs, FL Zip 34135 Country USA		%Gulf Breeze Mgmt. Svcs. of 3. Mailing Address SW FL, LLC 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State Bonita Springs, FL Zip 34135 Country USA	
			
		03112006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 80-0058353	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MGMT. SVC., INC. 3350 WOODS EDGE CIRCLE, STE 104 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 <u>Ralph L. Weidner</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Ralph L. Weidner <small>(NOTE: Registered Agent signature required when reinstating)</small>	
		4/18/06 <small>DATE</small>	
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST FADULE, JUNE <input checked="" type="checkbox"/> Delete	TITLE	S/D Mousa, Bruce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	5610 NORTHBORO DRIVE #102	STREET ADDRESS	5645 Northboro Drive, #101
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	Naples, FL 34110
TITLE	DP BEIDEL, BOB <input type="checkbox"/> Delete	TITLE	P/D Seidel, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	5615 NORTHBORO DRIVE #101	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	DVP SEIBERT, URSULA <input checked="" type="checkbox"/> Delete	TITLE	V/D Bresnick, Arnold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	5615 NORTHBORO DR #201	STREET ADDRESS	5635 Northboro Drive, #101
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	Naples, FL 34110
TITLE	D SEIDEL, COLLETTA <input checked="" type="checkbox"/> Delete	TITLE	D Marino, Anthony <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	5615 NORTHBORO DRIVE #101	STREET ADDRESS	5620 Northboro Drive, #101
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	Naples, FL 34110
TITLE	<input type="checkbox"/> Delete	TITLE	T/D McGill, Charleen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	5660 Northboro Drive, #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>Robert Seidel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/18/06 <small>Date</small>	
		239.544-7179 <small>Daytime Phone # VB</small>	