

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90197 050 ****61.25

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DOCUMENT # N01000004200	
1. Entity Name OSPREY ISLE II AT CARLTON LAKES, INC.	



Principal Place of Business ADVANCED PROP MGMT SERV 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134	Mailing Address ADVANCED PROP MGMT SERV 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134
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2. Advanced Property Management Service, Inc. State, Apt. #, etc. 1035 Collier Center Way, #7 Naples, FL 34110	3. Advanced Property Management Service, Inc. State, Apt. #, etc. 1035 Collier Center Way, #7 Naples, FL 34110
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02212006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1067758	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 ADVANCED PROPERTY MANAGEMENT SERVICE, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Advanced Property Management Service, Inc. Street Address (P.O. Box Number is Not Acceptable) 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	DS MATTERN, MARGARET 5455 WORTHINGTON LANE #201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RIGGS, RITA 5450 WORTHINGTON LANE #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FEED, DEBBIE 5435 WORTHINGTON LANE #203 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TEED, DEBRA 5435 WORTHINGTON LANE #203 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP YOUNG, ALAN 5435 WORTHINGTON LANE #204 NAPLES, FL 34110 <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
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 Alan Young **26 April '06** (239) 594-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #