


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2008 90039 024 \*\*\*\*61.25

<b>DOCUMENT # N01000004200</b> 1. Entity Name OSPREY ISLE II AT CARLTON LAKES, INC.					
Principal Place of Business ADVANCED PROP MGMT SERV 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110 US			Mailing Address ADVANCED PROP MGMT SERV 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1067758	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  THOMPSON, SUSAN ADVANCED PROPERTY MANAGEMENT SERVICE, INC 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110				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 <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>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	TEED, DEBRA		NAME	DP <u>Alan Young</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5435 WORTHINGTON LANE #203		STREET ADDRESS	<u>5435 Worthington Lane #204</u>	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	<u>NAPLES, FL 34110</u>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DVP <u>Rita Riggs</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, ALAN		NAME	<u>5450 Worthington Lane #101</u>	
STREET ADDRESS	5435 WORTHINGTON LANE #204		STREET ADDRESS	<u>NAPLES, FL 34110</u>	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DST <u>Donald Hoerr</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGS, RITA		NAME	<u>5440 Worthington Lane #203</u>	
STREET ADDRESS	5450 WORTHINGTON LANE #101		STREET ADDRESS	<u>NAPLES, FL 34110</u>	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
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		
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		
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-10-2008 239-594-9509 <small>Date Daytime Phone #</small>		

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