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

DOCUMENT # N0100004200

1. Entity Name

OSPREY ISLE II AT CARLTON LAKES, INC.

Principal Place of Business

Mailing Address

ADVANCED PROP MGMT SERV 37 MENTOR DRIVE

ADVANCED PROP MGMT SERV 37 MENTOR DRIVE

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

06-30-2003 90068 034 ****61.25

Advanced Property Management		NAPLES FL 34110 3. Madyanced Property Manage		ment III III III III III III III III III I			
350 Woods Edge Circle, Ste 104 onite Springs, FL 34134		Service, Inc. 3350 Woods Edge Circle, Ste 1 Bonita Springs, FL 34134		O4 CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1067758 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of State	us Desired	\$8.75 Add	itional
	6. Name and Address of Current Re	egistered Agent		7. Name and Addre	ss of New Registered		 -
	ED PROP MGMT SERV OR DRIVE FL 34110	Name Street Address	Street Address (P.O. Box Number is Not Acceptable) Advanced Property Management Service, Inc.				
8. The above the obligated SIGNATURE	named entity submits this statement for to ions of registered agent.	he purpose of changing its re	_	3350 Woods Bonita Spring ered agent, or both, in the		e 104Code familiar with,	and accept
٠	Signature, typed or printed name of registered agent and	9. Election Camp		\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES	TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEED, EDWARD 5435 WORTHINGTON LANE #203 NAPLES FL 34110	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	extern, Marc is worthing in Loles, FL. 31	paret n Lane#20 1110	(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANEZ, JORGE 5435 WORTHINGTON LANE #201 NAPLES FL 34110	☐ Delete	STREET ADDRESS 543	sythe Ruth 35 Worthington ples, FL. 34	n lane#101.	hange	™ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNTZE, CARLOS 5455 WORTHINGTON LANE #204 NAPLES FL 34110	□ Delete	NAME JOC STREET ADDRESS 546	ntza, Carlos 55 Worthingt Leples, FL 31	ion Lane#20	☑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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