

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90120 029 ****61.25

DOCUMENT # N01000005655 1. Entity Name SPOONBILL COVE II AT CARLTON LAKES, INC.			
Principal Place of Business 37 MENTOR DR NAPLES, FL 34110		Mailing Address 37 MENTOR DR. NAPLES, FL 34110	
2. Principal Place of Business Advanced Property Management Service, Inc.		3. Mailing Address Advanced Property Management Service, Inc.	
City & State 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134		City & State 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134	
Zip 34134	Country USA	Zip 34134	Country USA
6. Name and Address of Current Registered Agent THOMPSON, SUSAN L 37 MENTOR DR NAPLES, FL 34110		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Susan L. Thompson Advanced Property Management Service, Inc. Street Address (P.O. Box Number is Not Acceptable) 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134 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><i>Susan L. Thompson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSSEN, CHRISTOPHER G 6025 CARLTON LAKES BLVD. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRESNICK, ARNOLD 5635 NORTH BORDO DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSSEN, ROBERT G 6025 CARLTON LAKES BLVD. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEGILL, CHARLENE 5660 NORTH BORDO DR. #102 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, JACK G 6025 CARLTON LAKES BLVD. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOUSA, BRUCE 5645 NORTH BORDO DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRESNICK, BARBARA 5635 NORTH BORDO DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" 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 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: <u><i>Susan L. Thompson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	