

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90134 025 \*\*\*\*61.25

**DOCUMENT # N03000003794**

1. Entity Name  
**JASMINE POINTE AT CARLTON LAKES, INC.**



Principal Place of Business  
**C/O PEGASUS PROPERTY MANAGEMENT  
17595 S. TAMiami TRAIL, SUITE 100  
FORT MYERS, FL 33908**

Mailing Address  
**C/O PEGASUS PROPERTY MANAGEMENT  
17595 S. TAMiami TRAIL, SUITE 100  
FORT MYERS, FL 33908**

%Gulf Breeze Mgmt. Svcs. of %Gulf Breeze Mgmt. Svcs. of

2. Principal Place of Business  
**SW FL, LLC  
8910 Terrene Court**

3. Mailing Address  
**SW FL, LLC  
8910 Terrene Court**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Bonita Springs, FL**

City & State  
**Bonita Springs, FL**



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**33-1085550**

Applied For  
**Not Applicable**

Zip  
**34135**

Country  
**USA**

Zip  
**34135**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324**

**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

*Ralph L. Weidner*

**Weidner, Ralph L.**

**3/10/2006**

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. ☐

**\$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	PD LAKE, THALIA 5640 SHERBORN DRIVE, #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAKE, THEODORE JR. 5640 SHERBORN DRIVE, #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ILES, GEOFFREY 5635 SHERBORN DRIVE, #202 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Palicia, Wayne 5605 Sherborn Drive, #102 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Dahlmanns, Deborah 5620 Sherborn Drive, #202 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Vitale, Anthony 5650 Sherborn Drive, #201 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruno, Vinnie 5615 Sherborn Drive, #202 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emanuele, Nick 5625 Sherborn Drive, #101 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:**

*Wayne Palicia*

**Wayne Palicia**

**3/10/06**

**(566-7285**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **vb**