

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000004113



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 PM 3:23

Principal Place of Business
2907 BAY TO BAY BLVD STE 301
TAMPA, FL 33629

Mailing Address
2907 BAY TO BAY BLVD STE 301
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Advanced Property Management Service, Inc.

03022005 Chg-NP CR2E037 (10/03)

3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134

4. FEI Number
20-1873084

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD STE 250
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Permitted)
Advanced Property Management Service, Inc.

City

3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134

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

Susan L. Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 P/D ☒ Delete
NAME COMEAU, PETER R
STREET ADDRESS 2907 BAY TO BAY BLVD STE 301
CITY-ST-ZIP TAMPA, FL 33629

TITLE VP/D ☒ Delete
NAME CAMPBELL, JOHN
STREET ADDRESS 2907 BAY TO BAY BLVD STE 301
CITY-ST-ZIP TAMPA, FL 33629

TITLE STD ☒ Delete
NAME FORKELL, DANIEL
STREET ADDRESS 2907 BAY TO BAY BLVD STE 301
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Change ☒ Addition
NAME TOBY CHANDLER
STREET ADDRESS 6355 LEXINGTON COURT #102
CITY-ST-ZIP NAPLES, FL 34110

TITLE DST ☐ Change ☒ Addition
NAME NANCY CORNILLIE
STREET ADDRESS 6325 LEXINGTON COURT #201
CITY-ST-ZIP NAPLES, FL 34110

TITLE DP ☐ Change ☒ Addition
NAME FRANK MORELLO
STREET ADDRESS 6325 LEXINGTON COURT #102
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME 800054670088
STREET ADDRESS 05/17/05--01035--018 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Frank Morello* FRANK MORELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #