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05-06-1999 90118 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000006313**

1. Corporation Name

LAKEVIEW I AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2405 PIPER BLVD.~~ 2338 Immokalee Rd. NAPLES FL 34110 Naples, FL 34110	~~11314 SUNRAY DR~~ 2338 Immokalee Rd. ~~BONITA SPGS~~ FL ~~34135~~ Naples, FL US 34110

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0720333 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.
2375 TAMIAMI TRAIAL NORTH
SUITE 308
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CLAUSSEN, CHRISTOPHER G		1.2 NAME	Tamara Hogan	
STREET ADDRESS	2405 PIPER BLVD.		1.3 STREET ADDRESS	4910 Deerfield Way # 204	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CLAUSSEN, ROBERT G		2.2 NAME	Marian Flynn	
STREET ADDRESS	2405 PIPER BLVD.		2.3 STREET ADDRESS	4910 Deerfield Way # 104	
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	THOMPSON, STEPHEN R		3.2 NAME	Peter Tunucci	
STREET ADDRESS	2405 PIPER BLVD.		3.3 STREET ADDRESS	4940 Deerfield Way # 104	
CITY-ST-ZIP	NAPLES FL 33942		3.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Gerald Fernweda Jr.	
STREET ADDRESS			5.3 STREET ADDRESS	4920 Deerfield Way # 204	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Naples FL 34110	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)