

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 001 ****61.25

DOCUMENT # N96000006313

1. Entity Name

LAKEVIEW I AT CARLTON LAKES CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

2338 IMMOKALEE RD
 NAPLES FL 34110

2338 IMMOKALEE RD
 NAPLES FL 34110-1445
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0720333

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWALM & MURRELL, P.A.
 2375 TAMiami TRAIL NORTH
 SUITE 308
 NAPLES FL 34103

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **HOGAN, TAMARA**
 STREET ADDRESS **4910 DEERFIELD WAY #204**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **Treasurer** ☐ Change ☒ ~~Change~~
 NAME **Richard Cutright**
 STREET ADDRESS **4940 Deerfield Way #101**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☒ Delete
 NAME **FLYNN, MARIAN**
 STREET ADDRESS **4910 DEERFIELD WAY #104**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **Secretary** ☐ Change ☒ ~~Change~~
 NAME **Charles Hill**
 STREET ADDRESS **4940 Deerfield Way #204**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Delete
 NAME **TUNOCCI, PETER**
 STREET ADDRESS **4910 DEERFIELD WAY #104**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☒ Change ☐ ~~Change~~
 NAME **Richard Johnson**
 STREET ADDRESS **4940 Deerfield Way #102**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☒ Delete
 NAME **FERWEDA, GERALD JR.**
 STREET ADDRESS **4910 DEERFIELD WAY #204**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ ~~Change~~
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #