

4/23

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90158 040 ****61.25

DOCUMENT # N96000006313

1. Entity Name

LAKEVIEW I AT CARLTON LAKES CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

4940 DEERFIELD WAY
 #104
 NAPLES FL 34110
 US

2338 IMMOKALEE RD
 NAPLES FL 34110
 US

44000



DO NOT WRITE IN THIS SPACE

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 Applicable

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

GPMI
 11314 SUNRAY DR
 BONITA SPRINGS FL 34135

Name

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

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☒ Delete	T	CUTRIGHT, RICHARD	4940 DEERFIELD WAY #101 NAPLES FL 34110	☐ Change ☒ Addition	D	Blane Cutright	4940 Deerfield Way #101 Naples, FL 34110
☐ Delete	S	HILL, CHARLES	4940 DEERFIELD WAY #204 NAPLES FL 34110	☒ Change ☐ Addition	D		
☐ Delete	D	TUNOCCI, PETER	4940 DEERFIELD WAY #104 NAPLES FL 34110	☐ Change ☐ Addition	D		
☐ Delete	D	JOHNSON, RICHARD	4940 DEERFIELD WAY #102 NAPLES FL 34110	☒ Change ☐ Addition	D		
☐ Delete				☐ Change ☒ Addition	D	Marilyn Hill	4940 Deerfield Way #204 Naples, FL 34110
☐ Delete				☐ Change ☐ 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)