

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90119 012 ****61.25

DOCUMENT # N96000006313					
1. Entity Name LAKEVIEW I AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY MGMT SERVICE, INC. 3350 WOOD EDGE CIRCLE, STE. 104 BONITA SPRINGS, FL 34134 US			Mailing Address ADVANCED PROPERTY MGMT SERVICE, INC. 3350 WOOD EDGE CIRCLE, STE. 104 BONITA SPRINGS, FL 34134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0720333					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE, INC. 3350 WOODS EDGE CIRCLE, STE. 104 BONITA SPRINGS, FL 34134					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME FAIRLEY, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE D	NAME FAIRLEY, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4910 DEERFIELD WAY, #102	STREET ADDRESS 4910 DEERFIELD WAY #102				
CITY-ST-ZIP NAPLES, FL 34110	CITY-ST-ZIP NAPLES, FL 34110				
TITLE VPD	NAME LO PRESH, ALICE	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME VALENTINE, RAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4940 DEERFIELD WAY #103	STREET ADDRESS 5125 Cedar Springs Dr. # 104				
CITY-ST-ZIP NAPLES, FL 34110	CITY-ST-ZIP NAPLES, FL 34110				
TITLE SD	NAME CZAPSKI, ABINA	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME HEINEMANN, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4940 DEERFIELD WAY, #204	STREET ADDRESS 5030 Cedar Springs Dr. # 201				
CITY-ST-ZIP NAPLES, FL 34110	CITY-ST-ZIP NAPLES, FL 34110				
TITLE TT	NAME CZAPSKI, JOSEPH	<input checked="" type="checkbox"/> Delete	TITLE DT	NAME DENNO, BILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4910 DEERFIELD WAY, #204	STREET ADDRESS 5020 Cedar Springs Dr. #204				
CITY-ST-ZIP NAPLES, FL 34110	CITY-ST-ZIP NAPLES, FL 34110				
TITLE D	NAME SCKULICH, NANCY	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME ASHMORE, TOM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4940 DEERFIELD WAY, #104	STREET ADDRESS 5025 Cedar Springs Dr. #102				
CITY-ST-ZIP NAPLES, FL 34110	CITY-ST-ZIP NAPLES, FL 34110				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME OUTSTRICH, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 5115 Cedar Springs Dr. #101				
CITY-ST-ZIP 	CITY-ST-ZIP NAPLES, FL 34110				
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: _____ <i>Richard Fairley</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 04-27-2004					
Daytime Phone #					