2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N96000006313

Entity Name: LAKEVIEW AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ADVANCED PROPERTY MGMT SERVICE, INC.
1035 COLLIER CTR WAY 7
NAPLES, FL 34110 US

New Principal Place of Business:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD.
NAPLES, FL 34109 US

Current Mailing Address:

ADVANCED PROPERTY MGMT SERVICE, INC.
1035 COLLIER CTR WAY 7
NAPLES, FL 34110 US

New Mailing Address:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD.
NAPLES, FL 34109 US

FEI Number: 65-0720333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, SUSAN L
ADVANCED PROPERTY MGMT SERVICE, INC.
1035 COLLIER CTR WAY 7
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

ROSS, BYRON L
GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD.
NAPLES, FL 34109 US

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: BYRON ROSS 04/12/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: CRAWFORD, JAN
Address: 5045 CEDAR SPRING DR 102
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: VALENTINE, RAY
Address: 5125 CEDAR SPRINGS DR #104
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete
Name: VENO, DAVID
Address: 4960 DEERFIELD WAY 101
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete
Name: DENNO, BILL
Address: 5020 CEDAR SPRINGS DR #204
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: ASHMORE, TOM
Address: 5025 CEDAR SPRINGS DR #102
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: OUTSTRICH, JOHN
Address: 5115 CEDAR SPRINGS DR #101
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS MGR 04/12/2007
Electronic Signature of Signing Officer or Director Date