

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

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05-08-2003 90170 033 ****61.25

DOCUMENT # N96000006313			
1. Entity Name LAKEVIEW I AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DRIVE NAPLES FL 34110 US		Mailing Address ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DRIVE NAPLES FL 34110 US	
2. Principal Place of Business Advanced Property Management Service, Inc. 50 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134		3. Mailing Address Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134	
Zip _____ Country _____		Zip _____ Country _____	
4. FEI Number 65-0720333		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DR NAPLES FL 34110		7. Name and Address of New Registered Agent Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134	
Street Address (P.O. Box Number is Not Acceptable) City _____ State FL Zip Code _____		Street Address (P.O. Box Number is Not Acceptable) City _____ State _____ 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: <u>Susan L Thompson</u> Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HERSHEY, BRUCE STREET ADDRESS: 4920 DEERFIELD WAY # 203 CITY-ST-ZIP: NAPLES FL 34110	☒ Delete	TITLE: President NAME: Fairley, Richard STREET ADDRESS: 4910 Deerfield Way #102 CITY-ST-ZIP: Naples, FL. 34110	☐ Change ☒ Addition
TITLE: D NAME: KENNEDY, ROSEMARY STREET ADDRESS: 4940 DEERFIELD WAY # 203 CITY-ST-ZIP: NAPLES FL 34110	☒ Delete	TITLE: Vice President NAME: Lo Presti, Alice STREET ADDRESS: 4940 Deerfield Way #103 CITY-ST-ZIP: Naples, FL. 34110	☐ Change ☒ Addition
TITLE: D NAME: CHEGWIDEN, NIAL STREET ADDRESS: 4940 DEERFIELD WAY # 201 CITY-ST-ZIP: NAPLES FL 34110	☒ Delete	TITLE: Secretary NAME: Czapski, Abina STREET ADDRESS: 4910 Deerfield Way #204 CITY-ST-ZIP: Naples, FL. 34110	☐ Change ☒ Addition
TITLE: D NAME: JOHNSON, RICHARD STREET ADDRESS: 4940 DEERFIELD WAY #102 CITY-ST-ZIP: NAPLES FL 34110	☒ Delete	TITLE: Treasurer NAME: Czapski, Joseph T STREET ADDRESS: 4910 Deerfield Way #204 CITY-ST-ZIP: Naples, FL. 34110	☐ Change ☒ Addition
TITLE: D NAME: BUSH, SCOTT STREET ADDRESS: 4920 DEERFIELD WAY # 201 CITY-ST-ZIP: NAPLES FL 34110	☒ Delete	TITLE: Director NAME: Sekulich, Nancy STREET ADDRESS: 4940 Deerfield Way #104 CITY-ST-ZIP: Naples, FL. 34110	☐ Change ☒ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ 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: <u>Susan L Thompson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SEENING OFFICER OR DIRECTOR		Date: 05.04.03 Daytime Phone #: (239) 596-8275	

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☐ CHECK HERE IF MAKING CHANGES

CPREC037 (10/02)