

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

FILED

02 JUN 13 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006314

1. Entity Name

LAKEVIEW AT CARLTON LAKES COMMONS,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Advanced Property Mgmt Service

37 Mentor Drive

City & State
Naples FL 34110

Zip

Country

Advanced Property Mgmt Service

City & State
37 Mentor Drive
Naples FL 34110

Zip

Country

4. FEI Number

65-0720329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Advanced Property Mgmt Service

37 Mentor Drive

City
Naples FL 34110

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

Susan L Thompson SUGAN L. THOMPSON

4/30/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JOHN HEINEMANN
5030 CEDAR SPRINGS DR #201
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RAYMOND VALENTINE
5125 CEDAR SPRINGS DR #104
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JULIA LEE
5040 CEDAR SPRINGS DR #101
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STEVE EREK
4950 DEERFIELD WAY #202
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
THOMAS ASHMORE
5025 CEDAR SPRINGS DR #102
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JAN DONNELL
5090 CEDAR SPRINGS DR #102
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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112.50 - AR

10.00 - AR ACTS
200006053192
06/25/02 01034-009

***122.50 ***122.50

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

CR2E037B (12/01)