

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90185 041 \*\*\*\*61.25

0054383

**DOCUMENT # N96000006314**

1. Entity Name

**LAKEVIEW AT CARLTON LAKES COMMONS ASSOCIATION, I  
NC.**



Principal Place of Business

**37 MENTOR DRIVE  
NAPLES FL 34110**

Mailing Address

**37 MENTOR DRIVE  
NAPLES FL 34110**

**30106910**



2. Principal Place of Business

**Advanced Property Management  
Service, Inc.**

3. Mailing Address

**Advanced Property Management  
Service, Inc.**

☒ CHECK HERE IF MAKING CHANGES

**350 Woods Edge Circle, Ste 104  
Bonita Springs, FL 34134**

**3350 Woods Edge Circle, Ste 104  
Bonita Springs, FL 34134**

4. FEI Number **65-0720329**

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

**ADVANCED PROPERTY MGMT SERVICES  
37 MENTOR DRIVE  
NAPLES FL 34110**

Name **Susan L. Thompson**  
Street Address (P.O. Box Number is Not Acceptable)  
**Advanced Property Management  
Service, Inc.**

City **3350 Woods Edge Circle, Ste 104  
Bonita Springs, FL 34134** Zip Code **FL**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Keaton, Jack**  
STREET ADDRESS **4950 Deerfield Way #101**  
CITY-ST-ZIP **Naples, FL. 34110**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Fairley, Richard**  
STREET ADDRESS **4910 Deerfield Way #102**  
CITY-ST-ZIP **Naples, FL. 34110**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED** **JOHN HEINEMANN**

CR2E037 (10/02)