

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006315

1. Entity Name

EDGEWATER I AT CARLTON LAKES CONDOMINIUM ASSOCIA

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 003 ****61.25

Principal Place of Business

2405 PIPER BLVD.
NAPLES FL 34110

Mailing Address

11314 SUNRAY DR
BONITA SPRINGS FL 34135-6917
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109



DO NOT WRITE IN THIS SPACE

FEI Number

65-0720331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.
2375 TAMiami TRAIL NORTH
SUITE 308
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name
Property Management
Street
Professionals of SW Florida
100 Vineyards Blvd.
City
Naples, FL 34109
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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MINIERIS, OSWALD
STREET ADDRESS 5125 COBBLE CREEK CT. #102
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE VD
NAME GRISTY, ROBERT
STREET ADDRESS 5125 COBBLE CREEK CT. #103
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE STD
NAME GRIFFIN, ILKE
STREET ADDRESS 5115 COBBLE CREEK CT., #103
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE D
NAME LOWE, ELEANOR
STREET ADDRESS 5120 COBBLE CREEK CT. #104
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE D
NAME GOODLING, PATTI
STREET ADDRESS 5115 COBBLE CREEK CT. #101
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME BOCWINSKI, JOHN
STREET ADDRESS COBBLE CREEK CT
CITY-ST-ZIP NAPLES, FL 34110

TITLE TD ☐ Change ☒ Addition
NAME KOWOL, MICHAEL
STREET ADDRESS COBBLE CREEK CT
CITY-ST-ZIP NAPLES, FL 34110

TITLE D ☐ Change ☒ Addition
NAME GRIEFF, DIANE
STREET ADDRESS COBBLE CREEK CT
CITY-ST-ZIP NAPLES, FL 34110

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

TITLE PD ☐ Change ☒ Addition
NAME ALVA, ANTHONY
STREET ADDRESS COBBLE CREEK CT
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-100

597-9489

CR2E037 (9/99)