

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006317

1. Entity Name

EDGEWATER AT CARLTON LAKES COMMONS ASSOCIATION,

Principal Place of Business

2405 PIPER BLVD.
NAPLES FL 34110

c/o Mailing Address

5800 STRAND BLVD
NAPLES FL 34110-1397
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

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

FEI Number

65-0720326

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 33940

7. Name and Address of New Registered Agent

Name
Property Management
Street Ad
Professionals of SW Florida
100 Vineyards Blvd.
City
Naples, FL 34109
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 NAME STREET ADDRESS CITY-ST-ZIP	D BONA, GEORGE 5130 COBBLE CREEK COURT 101 NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISTY, ROBERT 5125 COBBLE CREEK COURT 10B NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINIERIS, OSWALD 5125 COBBLE CREEK COURT 102 NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, VIRGINIA H 5130 COBBLE CREEK COURT 102 NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, EDWARD 5140 COBBLE CREEK CT NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUSA, BRUCE 5145 COBBLE CREEK CT 102 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWOL, MICHAEL 5125 COBBLE CREEK CT 203 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIEFF, DIANE 5115 COBBLE CREEK CT 10X NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 002 ****61.25

652778



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)