

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000006317 1. Entity Name EDGEWATER AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ADVANCED PROPERTY MGMT SERVICE, INC. 3350 WOODS EDGE CIRCLE, STE 104 NAPLES, FL 34109		Mailing Address ADVANCED PROPERTY MGMT SERVICE, INC. 3350 WOODS EDGE CIRCLE, STE 104 NAPLES, FL 34109 US	
2. Principal Place of Business Advanced Property Management Service, Inc. Suite, Apt. #, etc. 1035 Collier Center Way, #7 Naples, FL 34110		3. Mailing Address Advanced Property Management Service, Inc. Suite, Apt. #, etc. 1035 Collier Center Way, #7 Naples, FL 34110	
4. FEI Number 02212006 REIN-NP CR2E099 (11/05) 0570720326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134	
7. Name and Address of New Registered Agent Name Advanced Property Management Service, Inc. Street Address (P.O. Box Number, if applicable) 1035 Collier Center Way, #7 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. I am familiar with and accept the obligations of registered agent. SIGNATURE <i>Susan L. Thompson</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature must be typed or printed.)	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUTNAU, THEODORE 5130 COBBLE CREEK COURT, #102 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition 300075550293 05/31/06--01021--010 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRISTY, ROBERT 5125 COBBLE CREEK CT. #103 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SULLIVAN, ED 5140 COBBLE CREEK COURT # 101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRISTY, ROBERT 5125 COBBLE CREEK COURT, #103 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRISTY, ROBERT 5125 COBBLE CREEK COURT #103 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALVA, TONY 5115 COBBLE CREEK CT. #204 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOWE, ELEANOR 5130 COBBLE CREEK COURT. #104 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENLEY, MR. 5125 COBBLE CREEK CT. #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD HAYES, MICHAEL 5115 COBBLE CREEK COURT #102 NAPLES, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCWINSKI, JOHN 5115 COBBLE CREEK CT. #201 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD HAYES, MICHAEL 5115 COBBLE CREEK COURT #102 NAPLES, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Theodore H. Trutnau</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/28/06</i> Daytime Phone #	