

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

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 90186 050 ****61.25

DOCUMENT # N96000006317

1. Entity Name
**EDGEWATER AT CARLTON LAKES CONDOMINIUM ASSOCIATI
ON, INC.**



Principal Place of Business
**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34110**

Mailing Address
**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34110
US**

55042564



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 **65-0720326**
Applied For
Not Applicable

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

**THOMPSON, SUSAN L
ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34110**

**Advanced Property Management
Service, Inc.
3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

Street Address (P.O. Box Number is Not Acceptable)

City **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

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
NAME **PD IANNONE, ANTHONY** ☒ Delete
STREET ADDRESS **5130 COBBLE CREEK COURT, #103**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE
NAME **President Trutnav, Theodore P** ☐ Change ☒ Addition
STREET ADDRESS **5130 Cobble Creek Court #102**
CITY-ST-ZIP **Naples, FL 34110**

TITLE
NAME **D HOFFMAN, BEVERLY** ☒ Delete
STREET ADDRESS **5140 COBBLE CREEK COURT, #203**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE
NAME **Vice President Heywood-Jones, Virginia VP** ☐ Change ☒ Addition
STREET ADDRESS **5130 Cobble Creek Court #204**
CITY-ST-ZIP **Naples, FL 34110**

TITLE
NAME **TD KOWOL, MICHAEL** ☒ Delete
STREET ADDRESS **5145 COBBLE CREEK CT.**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE
NAME **Secretary/Treasurer Gristy, Robert** ☐ Change ☒ Addition
STREET ADDRESS **5125 Cobble Creek Court #103**
CITY-ST-ZIP **Naples, FL 34110**

TITLE
NAME **VD GRIEFF, DIANE** ☒ Delete
STREET ADDRESS **5115 COBBLE CREEK COURT, #104**
CITY-ST-ZIP **NAPLES FL 34110**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

ROBERT GRISTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

Daytime Phone #

CR2E037 (10/02)