

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 011 ****61.25

DOCUMENT # N97000000671

1. Entity Name

LAKEVIEW II AT CARLTON LAKES CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

5800 STRAND BLVD
 NAPLES FL 34110

5800 STRAND BLVD
 NAPLES FL 34110-1397
 US

2. Principal Place of Business

3. Mailing Address

4950 Deerfield Way
 Suite, Apt. #, etc.
 # 202

2338 Immokalee Rd.
 Suite, Apt. #, etc.
 # 109

City & State

City & State

Naples, FL

Naples, FL

Zip 34110 Country USA

Zip 34110 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applied

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

SWALM & MURRELL PA
 2375 TAMiami TRAIL NO STE 308
 NAPLES FL 34103

Name Gallant Property Management
 Street Address (P.O. Box Number is Not Acceptable)
 11314 Sunray Dr.
 City Bonita Springs FL Zip Code 34135

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

Sharon E. Gallant

4/11/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	EREK, STEVE	
STREET ADDRESS	4950 DEERFIELD WAY #202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	THATCHER, HOWARD	
STREET ADDRESS	4950 DEERFIELD WAY #104	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSITZ, GLADYS	
STREET ADDRESS	4950 DEERFIELD WAY #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLONINGER, ROBERT	
STREET ADDRESS	4950 DEERFIELD WAY #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDEL, ROBERT	
STREET ADDRESS	4950 DEERFIELD WAY #103	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

3/29/2000 598-955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #