

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED

May 23, 2001 8:00 am  
Secretary of State

04-25-2001 90373 003 \*\*\*\*\*61.25

DOCUMENT # <b>N 970000000671</b>																																																																																																																											
1. Entity Name <b>LAKEVIEW II AT CARLTON LAKES Condominium Association, INC.</b>																																																																																																																											
Principal Place of Business <b>4950 DEERFIELD Way #202 Naples, FL 34110</b>		Mailing Address <b>11314 Sunray Dr. Bonita Springs, FL 34135</b>																																																																																																																									
2. Principal Place of Business <b>4950 Deerfield Way #202 Naples, FL</b>		3. Mailing Address <b>11314 Sunray Dr. Bonita Springs, FL 34135</b>																																																																																																																									
City & State <b>Naples, FL</b>		City & State <b>Bonita Springs, FL</b>																																																																																																																									
Zip <b>34110</b>	Country	Zip <b>34135</b>	Country																																																																																																																								
6. Name and Address of Current Registered Agent <b>Marion Gallant 11314 Sunray Dr. Bonita Springs, FL 34135</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Marion E. Gallant</b> DATE <b>4/11/01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																									
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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: <b>Steve Erek</b>		Date: <b>Apr. 10, 2001</b> (941) 592-9556																																																																																																																									

5212

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0815979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

CR2E037 (1/00)