

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90439 011 ***61.25

DOCUMENT # N97000000671

1. Entity Name

Lakeview II at Carltop Lakes, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Advanced Property Mgmt Service
Suite, Apt. # etc.

37 Mentor Drive

37 Mentor Drive

City & State Naples FL 34110

City & State Naples FL 34110

Zip Country

Zip Country

4. FEI Number

65-0815979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSAN L. THOMPSON

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

Advanced Property Mgmt Service

37 Mentor Drive

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.

SIGNATURE

Susan L Thompson

SUSAN L. THOMPSON

4/30/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 D
NAME JACK KEATON
STREET ADDRESS 4950 DEERFIELD WAY #101
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME BOB SEIDEL
STREET ADDRESS 4950 DEERFIELD WAY #103
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME BOB CLONINGER
STREET ADDRESS 4950 DEERFIELD WAY #102
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME PAMELA STORM
STREET ADDRESS 4950 DEERFIELD WAY #204
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME FRANCIS SMITH
STREET ADDRESS 4970 DEERFIELD WAY #102
CITY - ST - ZIP NAPLES, FL 34110

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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)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J Seidel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2002 514-7179

CR2E037B (12/01)