

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001231

1. Entity Name

EDGEWATER II AT CARLTON LAKES CONDOMINIUM ASSOÇI

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 045 ****61.25

Principal Place of Business

2405 PIPER BLVD.
NAPLES FL 34110

Mailing Address

5800 STRAND BLVD
NAPLES FL 34110-1397
US

2. Principal Place of Business

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

FEI Number

59-3450695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.
2375 TAMiami TRAIL NORTH
SUITE 308
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name
Street
City
Zip Code
Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONA, GEORGE	
STREET ADDRESS	5130 COBBLE CREEK COURT, #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, MARGOT	
STREET ADDRESS	5135 COBBLE CREEK CT, #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEYWARD STARLING, BRADY	
STREET ADDRESS	5145 COBBLE CREEK CT, #104	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, PJ	
STREET ADDRESS	5130 COBBLE CREEK CT, #201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, EDWARD	
STREET ADDRESS	5140 COBBLE CREEK CT, #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYWOOD-JONES, VIRGINIA	
STREET ADDRESS	5130 COBBLE CREEK CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEGLER, WILLIAM	
STREET ADDRESS	5140 COBBLE CREEK CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOUSA, BRUCE	
STREET ADDRESS	5145 COBBLE CREEK	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037(9/99)