## **FILED** Feb 19, 1999 8:00 am § Secretary of State

02-19-1999 90106 012 \*\*\*\*61.25

## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	NO700000010	ì
DOCOMEN #	N97000002812	Ĺ

1. Corporation Name

LAKEVIEW III AT CARLTON LAKES CONDOMINIUM ASSOCI ATION, INC.

P	rinc	ipal	Place	of	Business
	_				

Mailing Address

2405 PIPER BLVD NAPLES FL 34110 2405 PIPER BLVD NAPLES FL 34110

- 1 1881    16   16   16   16   17   18   17   18   18   18   18   18				
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78388-90100----

2. Principal P	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
21		26			05/12/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<u> </u>	olied For		
22		27			00 00 10000	Applicable		
City & Stat	е	City & State			5. Certificate of Status Desired			
23		28			Fee Re	<u> </u>		
Zip	Country	Zip	Country	′	6. Election Campaign Financing \$5.00			
24	25	_ <del></del>	30		Trust Fund Contribution Added to	o Fees		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent			
			01	Name				
SWALM &	MURRELL, P.A.		82	Street A	Address (P.O. Box Number is Not Acceptable)			
2375 TAM	iami trail n		-					
SUITE 308			83					
NAPLES F	EL 34103		84	City	- 85 Zip C	Code		
					FL T			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named c	corporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as req	registered histered		
oπice or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Flori	da Statutes	ше согрог 8.	laughts board of directors. Thoroby account the appearance as res	3.0.0.00		
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature rec	quired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	CLAUSSEN, CHRISTOPHER G		1.2 NAME					
STREET ADDRESS	2405 PIPER BLVD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	CLAUSSEN, ROBERT G		2.2 NAME	]				
STREET ADDRESS	2405 PIPER BLVD		2.3 STREE	TADORESS				
CITY-ST-ZIP	NAPLES FL 34110		2. 4 CITY-	ST-ZIP				
TITLE	D .	☐ DELETE	3.1 TITLE		☐ Change	Addition		
NAME	THOMPSON, STEPHEN R		32 NAME	-	e e e e e e e e e e e e e e e e e e e	-		
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110		3.4. CITY-1					
TITLE	MARGLOTE OTTIV	☐ DELETE	4.1 TITLE	J. 28	Change	☐ Addition		
NAME		_	4. 2 NAME					
STREET ADDRESS				TADORESS				
			4.4 CITY-5	1				
CITY-ST-ZIP		□ DELETE	5.1 TITLE	, ı - <u>C</u> IF	Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS		,		
1.5			5.4 CITY-S					
CITY-ST-ZIP		□ DELETE	6.1 TITLE		Change	Addition		
TITLE			6.2 NAME					
NAME				TAINDESS				
STREET ADDRESS			1	TADORESS				
CITY-ST-ZIP	1		6.4 CITY- S	iT-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

9415969067