

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-09-2000 90085 042 ****61.25

DOCUMENT # N97000002812

1. Entity Name

LAKEVIEW III AT CARLTON LAKES CONDOMINIUM ASSOCI

R

Principal Place of Business

Mailing Address

2405 PIPER BLVD
NAPLES FL 34110

2405 PIPER BLVD
NAPLES FL 34110-1387

2. Principal Place of Business

3. Mailing Address

PMP

Suite, Apt. #, etc.

100 Vineyards Blvd.

City & State

Naples, FL

Zip

Country

34109

Country

USA

4. FEI Number

65-0810690

Applied For

Not Applicable

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, P.A.
2375-TAMIAMI TRAIL-N
SUITE 308
NAPLES FL 34103

Name

PMP

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

100 Vineyards Blvd.

Naples

FL

Zip Code

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

Marion E. Gallant 4/28/00

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 checked="" type="checkbox"/> Delete
NAME	CLAUSSEN, CHRISTOPHER G	
STREET ADDRESS	2405 PIPER BLVD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAUSSEN, ROBERT G	
STREET ADDRESS	2405 PIPER BLVD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, STEPHEN R	
STREET ADDRESS	2405 PIPER BLVD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Suarez	
STREET ADDRESS	5025 Cedar Springs Dr. #101	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Bowman	
STREET ADDRESS	5035 Cedar Springs Dr. #201	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Bowman	
STREET ADDRESS	5025 Cedar Springs Dr. #201	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

GREG BOWMAN / GREG BOWMAN

4-20-00

Date

Daytime Phone #

CR2E037 (9/99)